

THE MEDICAL AND SURGICAL REPORTER.

No. 1430.]

PHILADELPHIA, JULY 26, 1884.

[Vol. LI.—No. 4.]

ORIGINAL DEPARTMENT.

LECTURE.

A LECTURE ON SOME PHASES OF CORNEAL DISEASE, ILLUSTRATED BY SIX CASES.

DELIVERED TO THE POST-GRADUATE CLASS IN THE UNIVERSITY OF PENNSYLVANIA, BY S. D. RISLEY, M. D.

Instructor in Ophthalmology, and Ophthalmic Surgeon in the University Hospital.

Reported by G. E. DE SCHWEINITZ, M. D., Assistant Physician in the Eye Department.

GENTLEMEN: To those of you who are somewhat familiar with eye diseases from your former studies, I need say nothing of their importance. To those whom I have the pleasure of addressing for the first time, their importance cannot be well overrated. This becomes obvious when we remember that nearly all tissues of the body are represented in the eye and its appendages, and are liable to all the pathological changes which affect like tissues elsewhere in the body. Moreover, slight changes in tissues so highly organized, lead to the most important alterations in function. Blindness is a calamity which all recognize and seek to avoid, but the minor defects of vision, while they do not excite in the same degree our compassion, are nevertheless of great importance to the individual, since they not infrequently seriously mar his future career, debarring him from those pursuits in life which demand accurate eyesight for their successful accomplishment.

From your physiological studies you know that in order to see with comfort, the eyes should act in harmony, their muscular apparatus should be in order, and their refraction perfect enough to allow parallel rays of light to be focused accu-

rately upon corresponding points of the retina, in each eye the point of distinct vision being the *macula lutea*. If now a muscular anomaly exist, or there be an error of refraction, or if one or both of these faults be present, perfect vision is no longer possible, and discomfort ensues. You may search far and wide to find a perfect eye; for just as we see distortions of various parts of the body, deviations of the nose, structural peculiarities of the fingers, toes, and the like, so also we constantly find distortions in the shape of the eyeball, *e. g.*, elongation or shortening of its axis. Not only are eyes constantly affected with these anatomical departures, but they are subjected to like troubles accruing from disease. Among the very common diseases of the external tissues of the eye are those of the cornea, *e. g.*, minute ulcers, which result either from an existing dyscrasia, or are due to traumatism, examples of both of which conditions are present here to-day. After an ulcer is once present, it is doubtful if the tissue is afterward perfectly restored. There has been an interruption in the continuity of the epithelium, and it is doubtful, I say, if this is again perfectly renewed, so that rays of light passing through such corneæ are more or less interrupted, and irregularities of refraction ensue. I will now briefly exhibit the series of cases which I have brought before you to-day, and speak of them more in detail later.

1. Here is a young man who, a few days ago, was switched in the eye with the tail of a horse, causing an *abrasion* of the cornea at its lower margin. It is now in the process of repair. The epithelium has been torn away, but is now renewed,

and in its place you can still see the slight infiltration due to the pressure of new cells brought thither in the process of repair.

2. This man's difficulty you can readily see, consisting of a nearly central scar on either cornea, the site of former ulceration.

3. In this woman I show you another example of ulcer of the cornea, which has also undergone the process of repair, but in a manner differing from either of the preceding cases. In place of filling up it has repaired with an actual loss of substance, leaving this little saucer-like excavation. In this case, not only was the epithelial covering carried away, but also some of the deeper corneal structures.

4. In this young woman's case you see the right cornea occupied by a bluish-white cloud, while in the left eye the conjunctiva is studded with minute blister-like elevations, technically known as *phlyctenule*.

5. This little child is so much better to-day that while I rejoice to see his improvement I regret that you, for the sake of instruction, did not see him when he first came to the Dispensary presenting a picture that I will later endeavor to paint in words for you.

6. In the case of this young woman you see a central ulcer, but in addition the cornea is vascular throughout.

At first sight these cases bear a remarkable resemblance the one to the other, but their pathological significance is vastly different, which fact has already been pointed in the one instance between the healing of the corneal abrasion and the ulcer which repaired with loss of substance leaving an excavation. In healthy young men there is seldom so much trouble arising from an abrasion of the cornea, (Case 1.) Some of the epithelium was scraped off by the blow from the horse's tail, and probably from neglect, irritation or the effluvia arising from the stables, more inflammation than is usual was set up in this case. It is always a painful affair. From your anatomical studies you know that the cornea is abundantly supplied with sensitive nerves. The epithelial covering now being removed, the exposed nerves are constantly subjected to irritation, setting up a painful and uncomfortable state of affairs, comparable to the mischief brought about by the presence of a foreign body in the conjunctival sac, an experience which, no doubt, all of us have endured. Usually these injuries repair quickly.

A few years ago I saw an Italian one-half of whose right cornea had been abraded by the thrust of the bough of a tree. He came origin-

ally twelve hours after the injury, and again twenty-four hours later, at which time the seat of the injury was scarcely visible, and except for a faint bluish-white cloud, only demonstrable by the aid of oblique light and a two-inch lens. The cornea was clear.

Treatment.—An eye of this kind should be bandaged preferably with a white flannel roller, like the one I exhibit here. The roller should be placed over a compress of absorbent cotton, which when applied will keep the eye immobile, and thus avoid irritation. Locally, you should use a boracic acid wash (gr. xv., f. $\bar{3}j.$), but if this be not sufficient, it may be enforced by the instillation of a drop or two of a solution of sulphate of atropine (gr. iv., f. $\bar{3}j.$), or if the irritation be only slight, you may use a solution of hydrobromate of homatropine (gr. iv.-vi., f. $\bar{3}j.$.)

Had you seen this child (Case 5) at his first visit somewhat of the following picture would have been presented to your gaze. He came into the Dispensary with his eyes spasmodically closed, his head bowed upon his arm to exclude the light, or more often deeply buried in his mother's lap, to be sure and forbid the entrance of any chance side-rays, so great was his dread of light, or, as it is technically known, photophobia. Inspection of his eyes was difficult. This is best accomplished by placing the child upon his mother's lap, taking his head between your knees—thus—and protecting the end of your finger with a small piece of old linen; press the upper lid up and back, and at the same time draw the lower lid down. Having done this in the present case, you would have seen that the conjunctiva was injected and red, but translucent. The eyes filled quickly with tears. The corneal margin was surrounded by a chain of blisters and approached by numerous dilated blood-vessels. On the centre of the cornea, where you to-day saw the white spot, was an open ulcer. If we had seen this at an earlier stage of the disease you would not have observed an open ulcer, but a blister-like body due to the raising up of the epithelium by the fluid collected beneath, at least such is the usual history of the phlyctenular ulcer. The corneal nerves become exposed; the rubbing of the lids causes excessive irritation, which in turn sets up increased secretion, and soon the blister develops into a typical corneal ulcer.

One point I must speak of right here, and that is the difference between an eye of this sort and one due to cold-taking.

In the latter case, the conjunctiva is opaque.

There is a flow of mucus and an absence of photophobia, while in the former case, there is marked lachrymation, excessive dread of light, with spasm of the orbicularis, and no opacity of the conjunctiva.

Just as the symptoms differ in these two classes of cases, so also do the causes.

Here we see a large number of the cases of phlyctenular disease, while they are not so common in private practice. We see them in a public service such as this is, because they come from the alleys and small streets, where the houses are damp and poorly ventilated, and the inmates insufficiently clothed and fed, and where, in addition to these faults in hygienic and dietetic surroundings they have often inherited some dyscrasia. Usually, in addition to the local manifestation there is derangement of the alimentary canal, loss of appetite, and investigation will show enlargement of the cervical, post-cervical, and submaxillary glands, with a strong tendency in these glands to suppurate, thus plainly indicating the taint which justifies the name *strumous ophthalmia*, so often given to this disorder by the text-books.

None of the cases before you to-day are in such pronounced indigent circumstances, but you must remember that improper food is as bad as insufficient food. Men who receive small wages and have large families, cannot afford to buy fresh meat daily. They naturally turn to the cheaper forms—salted meats, unpalatable bread, and drink largely of tea. You will be surprised when you come to investigate this matter how many men and women there are who eat meat but once a day, the morning and evening meal being largely composed of bread and tea. Hence, the children of such parents grow up with insufficient physical backing, and, indeed, are fortunate if they have not inherited in addition a strumous, phthisical or syphilitic constitution.

Treatment.—The sheet-anchors of treatment are cod-liver oil and the iodide of iron. In addition, shut out their evil surroundings as far as possible, and stop all sweetmeats, for it is astonishing that even among these people a few pennies can always be spared, with which the child is allowed to buy candies and cakes. Advise fresh meat at least once a day, and plenty of good bread and milk. See that the patient has a tepid bath daily. Look after the alimentary canal, and when the child has five or six greenish stools daily, administer suitable remedies, such as you have been taught to give from other chairs in similar conditions.

Local Treatment.—Sulphate of atropia is indi-

cated in almost all cases, and the moment the pupil dilates the photophobia diminishes. It is often difficult to obtain this dilatation. Keep the child in your office, frequently instilling a drop of a solution of sulphate of atropia (gr. iv., f 3j.) until the desired end is reached, and then when you send the case home give the mother a similar solution, with instructions to put one drop into the eye three or four times daily. The child should further be made to wear a pair of smoked glasses, and not be allowed to bury its head in the mother's lap or pillow. When the irritation has passed away under the use of the atropine treatment, you may dust some calomel into the eye, the calomel being best prepared by the process of sublimation. Put the head back, draw the lower lid down, and having dipped a camel's hair brush into the box or bottle containing the powder, dust a little of it into the eye—thus.

Sometimes, instead of the calomel you may use an ointment of the yellow oxide of mercury (gr. i., 3j.), of which a small portion is placed into the eye, and then gently rubbed in. One caution I must give you here, and that is not to use, or at least use very guardedly, calomel in this way, when the patient is taking iodide of potash, or any preparation of iodine, as, for instance, the syrup of the iodide of iron. These preparations are freely eliminated by the tears, and form, with the calomel, a soluble iodide of mercury, which acts as an intense irritant to the eye. You will often be gratified to see improvement in the eye by mere local applications before your constitutional remedies have had time to take effect, but more often the local treatment is of no avail, except to diminish discomfort until the system comes under the influence of the internal medication. You should make it a rule to attack these cases early. You can see the white patch or cloud in this child's cornea, and of course light cannot penetrate any more than it could pass through ground glass, or at least no distinct image can be formed. Hence, what originally appeared a simple matter, has marred this child's vision for life. What is present in the child's case is also present in this young man's eye (case 2), and although the scar does not cover the pupillary space, still it is in the axis of vision, and will interfere with the perfect refraction of the eye.

Myopia often occurs in connection with opacities in the cornea, which is probably due to the indistinctness of the retinal images, the patient seeking to make up for what he loses in distinctness by increasing the size of the image. To obtain this he bows his head as near as possible to the

object, producing a strong strain upon the accommodation, and of course corresponding convergence of the visual axis. His history is an interesting one, for he tells me that every summer, for the last seven, he has been attacked with sore eyes, showing the existing dyscrasia which was at the bottom of the trouble; but it is only the last attack which left the central scar. The ulcer in many instances does not occur centrally, but more often, probably, is situated between the corneal pole and its limbus, and when it occupies this position perforation is more apt to occur. The dread of light increases, the ulcer burrows deeper and deeper, and finally reaches the membrane of Descemet, and this, by reason of the intra-ocular pressure, is pushed forward in a minute, cone-shaped protrusion into the the bottom of the ulcer, and this, in its turn, may also rupture. If this happens, the anterior chamber is emptied, the iris is pressed forward into the bottom of the perforation and then becomes adherent. The pupil is now distorted in shape, and with every change of light and shade the iris is dragged upon, and hence is a constant source of irritation. Besides, the changed shape of the pupil no longer permits the proper entrance of the rays of light, and perfect vision is no longer possible.

The woman (Case 3) with the saucer-like excavation in her cornea, came in time to prevent perforation, but not in time to avoid loss of substance and hence loss of the uniform curvature of the cornea, so that the mischief done in her case is also great. You have often seen a blister upon a window-pane and know that you cannot see through it distinctly. Much the same state of affairs is present in this cornea. The rays of light may pass through the cornea around this blemish, and vision may be good for large objects, but distinct and accurate vision for small objects, like fine print, is impossible.

This woman (Case 4) came to me originally two years ago with an ulcer of the right cornea. Her history is an interesting one. She worked at pasting shoes in a badly-ventilated and lighted room, and her health became impaired. Her breakfast consisted of bread and tea, which she ate with poor appetite. She took with her a cold lunch, and ate this with little or no relish. When she returned at night she was too tired to enjoy her supper, and generally retired suffering with frontal headache. In addition, she was afflicted with retroversion of the womb. This was corrected, and under improved diet and hygiene, together with the use of the syrup of the iodide of iron and proper local treatment, the ulcer was

cured. At the end of a year she returned with the same trouble, and was again cured; but the disease has recurred three or four times, the last attack leaving her with these spots on her cornea. This summer she again came to the Dispensary with an ulcer upon the cornea, and was nearly well when she was attacked with a colliquative diarrhoea, an old sinus in the axilla opened, and the disease of the eye recurred afresh.

I have related the clinical history of this case somewhat in detail, because it so markedly illustrates that the disease of the cornea is not purely a local one, but rather a local manifestation of a constitutional taint.

COMMUNICATIONS.

NOTES OF SOME FATAL CASES OF PUERPERAL SEPTICÆMIA WHICH OCCURRED IN THE PHILADELPHIA HOSPITAL ABOUT FEBRUARY, 1883.

Reported by A. R. JOHNSTON, M. D., of New Bloomfield, Pa.

The number referred to, their position, on the hospital record, and the length of time, includes the times from the first pain, regardless of perceptible dilatation, until the end of the third stage.

Case 110, delivered January 27, æt. 20, primipara; child presented in first position, and labor lasted six and a half hours. Weight of child, six pounds. This was a very easy labor, and the patient did not attract the attention of any one until a few minutes before delivery. The attendant resident was called, and when he arrived, the head was born with a caul. The womb felt solid and of about the ordinary size. No ergot was given at this time, about 6:30 a. m. A bandage was applied about half an hour after delivery, and the woman moved to another room, a distance, in this case, of about seventy-five feet. (The rule of the house is to confine all the patients upon the same bed, which is composed of a bedstead with a strong gum bottom, rollers upon which it moves smoothly upon the floor, and the necessary amount of bed-clothes. After they are washed, bandaged, and dressed, they are moved upon this bed, under abundant cover, to their lying-in bed.) After she was put to bed she did not complain of anything, and soon went to sleep.

At 2:30 p. m. the resident was told that she had slept most of the day, and had just wakened complaining of weakness. The bed was much stained with blood, the patient was pale, sleepy,

and listless, pulse 170, fundus felt on right side half way between the umbilicus and ribs. The vagina was distended with a coagulum, which at first felt like the placenta on account of its toughness. The blood in the uterus, probably between a pint and a quart, was more fluid. The blood and coagulum were cleared out, and a strip of membrane found in the os. Two drachms of fluid extract of ergot were given, soon followed by vomiting. The head was lowered, hot-water injections were used, and an ounce of whisky, in milk, was given in small amounts. Twenty drops of tr. digitalis was given hypodermically. The temperature after this was 101°, and the pulse rapid and intermittent. She rallied pretty well, and there was no tendency to relaxation of the uterus. The pulse at 4 p. m. was 150; at 6 it was 125, and better in volume and rhythm. The temperature at 6 was 100°.

On the morning of the 28th, there was tenderness of the abdomen, with some distension. Vomiting, with comparatively clean tongue and no nausea, was a prominent symptom. Color of vomit varied, being green, dark, and yellow. The lochia were profuse and fetid, and increased in these properties until death.

On the morning of the 30th, she complained of pain in the left leg. It was affected with phlegmasia dolens. The swelling did not increase much, and the thigh was never affected with pain or swelling. The temperature of the case was as follows:

January 27. Evening, 100°.

January 28. Morning, 100°; evening, 101°.

January 29. Morning, 99.8°; evening, 102°.

January 30. Morning, 99.8°; evening, 101.8°.

The pulse was always rapid and generally intermittent.

On the 28th, it averaged about 125, after that 140 to 150, until the last twelve hours, when it reached about 175. The respiration was hurried during the last thirty-six hours, and before death was as frequent as thirty-two per minute. There was no delirium in this case at any time.

Treatment was as follows: Whiskey, eight ounces daily; tincture of digitalis at first fifteen drops, afterwards increased until thirty were given every four hours. It was given in whiskey at first, and afterward hypodermically. Morphine sulphas was given in quarter and third grain doses four to six times in the twenty-four hours, hypodermically. Lead water and laudanum were applied to the phlegmasia dolens, and the pain greatly increased. After this unguents were used. Hot flaxseed meal poultices were applied to the abdomen every two hours.

Patient died January 31st, about ninety-six hours after delivery.

The bed next to this patient was occupied by a woman suffering primarily from an apparently rheumatic affection of the knee, followed by a severe sore throat, and who after this, and about synchronous with the abdominal symptoms of this patient, developed facial erysipelas. The case of erysipelas was removed January 30th, and attended by other doctors and nurses. She was delivered of a living child, probably somewhat premature, February 2d. She died a few days after delivery, but as she was not in the obstetrical ward I did not see her, and do not know what her symptoms were after delivery.

Case No. 108. *Æt.* 23, first pregnancy. Child presented in first position, and labor lasted forty-one hours. The child was born January 26th, and weighed seven and three-quarter pounds. The patient was a vigorous and apparently healthy woman. This was a slow and difficult labor from the beginning, and after it had been in progress about forty hours, the natural efforts ceased to have any propulsive effect whatever. The pains were almost constant, were very distressing, and the head stuck in the pelvis. Dr. E. P. Bernardy, the physician-in-chief, made his regular visit to the hospital at this time, and decided to use the forceps. They were adjusted, and as the patient complained a good deal, sufficient ether was given to relieve the pain and produce some relaxation, but profound anæsthesia was not produced. There was no laceration of the perineum, but the caruncule myrtiformes were prominent, and were injured to a slight extent.

During the first ten days there was nothing unusual in the condition of the patient, and no record of pulse or temperature was preserved. I have placed case No. 110 before this one in these notes, because she was the first to present untoward symptoms. On the morning of January 29th the abdomen was large and tympanitic. The patient did not complain of pain, and a considerable amount of pressure did not elicit tenderness. Her tongue was covered by a white fur. Calomel in half-grain doses was given until a motion from the bowels was obtained, which required four doses. About four o'clock p. m., seventy-six hours after delivery, the resident was sent for in haste; the patient complained of great pain in the right side of chest and right shoulder, which came on suddenly. There was no tenderness, and she could not localize the seat of pain. The breathing was shallow and restrained, pulse irregular and about one hundred and sixty per minute.

After this time the breathing was always embarrassed, and the pulse between one hundred and fifty and one hundred and seventy-five. The lochia were rather offensive, but not profuse, and appreciably diminished after this time. This evening she vomited a dark muddy liquid, and the following day a grassy-green liquid. There were several alvine evacuations during the night and following morning. Transient delirium annoyed the patient, growing worse until death.

The temperature on the morning of January 29th was 103°; evening, 103°. January 30th, morning, 102°.

Treatment ten grains of quinine morning and evening, tincture of digitalis twenty drops every three hours, six ounces of whiskey daily, and hypodermics of morphia, according to indications. Poultices were applied to the abdomen and chest. Patient died on the evening of January 30th.

This woman, with three others, occupied a room, the capacity of which was about six thousand cubic feet. The room was warmed by a stove, and adjoined the one in which all the patients were confined. The patient next to her was delivered January 28th, and the other two January 18th and 24th. All were attended by the same doctor and same nurses, without any precautions other than cleanliness, and there were no symptoms of septicæmia in any of the others.

Case 115 delivered February 22d, æt. twenty-one, primipara, first position, and labor lasted thirty-six hours. Child weighed nine and three-quarter pounds. This case was sick and vomiting during the last twenty-four hours of her labor, and was much prostrated after delivery. The perineum was found to be ruptured, and was operated upon about two hours after delivery, the patient being under the influence of ether. During the day there was no complaint of pain, no nausea after delivery, the pulse was one hundred and ten to one hundred and twenty, and the tongue was covered with a yellow coat.

February 3d complained of pain in the abdomen, tongue still coated, and there was distension of the abdomen. Temperature in this case was as follows: Evening of February 2d, 98.8°. February 3d, morning, 99°; evening, 103.8°. February 4th, morning, 102.4°; evening, 105°. February 5th, morning, 100°; evening, 102°. February 6th, morning, 99°; evening, 103.2°. February 7th, morning, 101.8°; evening, 102°. February 8th, morning, 101°; evening 105.2°. February 9th, at 7 a. m., 100°, and at 10 a. m. 105°.

She took her nourishment, which consisted

chiefly of milk and whiskey, without nausea or vomiting until February 5, and seemed to be improving in every way except the pulse, which kept in the neighborhood of 125, but with good volume and rhythm. At this time she began to vomit without any considerable nausea. The tongue retained the coating, which now assumed a brown tinge and remained so, becoming dryer until death. Morphia was administered hypodermically, and the vomiting abated, only occurring four or five times during the next thirty-six hours, and the patient feeling better after each time. She craved buttermilk, but could not drink it when it was procured for her. On the night following the 6th, vomiting and purging set in. Both were checked in the morning by hypodermics of morphia. One peculiar feature of this case was that she always thought she was getting along first-rate, and at her injunction on the night following the 7th, the nurse raised her up in bed, and allowed her to sit propped by pillows while she went to attend other patients. During the last twenty-four hours, the face and chest changed to purple and back to pale several times, and the temperature varied greatly, being 100° at 7 a. m. on the 9th, and 105° at 10. The stitches were removed from the perineum on the 8th, union was taking place, and the sore had a healthy appearance. The discharge was more offensive in this case than is usual in healthy women. Pulse 120 to 130 most of the time. Just before death it reached 170.

Treatment.—Tincture digitalis, increasing in dose until thirty drops were given, hypodermically, every four hours. Suppositories containing ten grains of quinine and half a grain of morphia every six hours, with generally a quarter to a third of a grain of morphia between times. Whiskey beginning at eight ounces per day, and gradually increased until twelve ounces were given. This woman had a large room, with no other patient in it. She died February 9, seven days after delivery.

Case 119, delivered February 9, æt. 27, primipara; child presented in the first position, and the labor lasted forty-three hours. Child weighed six pounds. There was thickening and induration of the left anterior part of the os uteri, and the first stage was slow and painful. She was sick and vomiting during the last day of labor, and after forty-two hours the first stage was hardly completed. The patient was so exhausted that instrumental delivery was the only means of relief. An anæsthetic was administered. The forceps were applied at the superior strait and the

woman delivered of a living child. The perineum was ruptured and sewn up while the patient was still under the influence of the anæsthetic. An hour later the woman seemed to be doing well, except that the pulse-rate was 130, and on examination, the physical signs of mitral regurgitation were found. During the night, she complained of pain in the abdomen.

On the following day she became delirious, so much so that toward evening it became difficult to keep her in bed. At the same time, the pulse-rate increased, became small in volume, and intermittent.

On the morning after delivery, the temperature was 99°, and on the following evening, 101°. On account of the delirium, a thorough examination was impracticable. The treatment was whiskey and digitalis with morphia, according to the indications.

Case 116, delivered February 3, æt. 23, primipara, had presented in the first position, and the labor lasted probably an hour and a half or two hours. The weight of the child was seven pounds. This woman came to the hospital on foot while in labor, and was delivered within ten minutes of the time she arrived at the confinement room. There was nothing unusual in her condition until February 8, when she complained of pain and tenderness in the abdomen. On the 10th vomiting was a prominent symptom; the pulse rate was about 125, and the temperature sometimes one or two degrees above normal. After this, the pain and vomiting abated, but the pulse and temperature remained the same, and there was no apparent gain in strength or improvement in appetite. On the 19th an eruption looking very much like measles appeared upon the chest, and spread to her face during the following twenty-four hours. It was accompanied by diarrhœa. On account of burning and itching, cosmoline was applied, and it disappeared on the 21st. It again returned and receded, appearing a third time March 2, accompanied by delirium, vomiting, and a temperature of 103° to 104°. Your reporter's term of service in the lying-in ward expired March 1, and the particulars of the case from that time cannot be given.

About this time an investigation was instituted to discover the cause of the malady. As a consequence, the resident who had been on duty in these wards was suspended for two months, but was reinstated at the next weekly meeting of the same committee. This therapeutic measure of course did not affect the progress of the malady very much, but it showed the folly of a resident

having too much of one kind of sickness, and suggested the more prudent course of rendering diverse diagnoses, and thus distributing the cases to different parts of the hospital. This case was transferred. Not long afterward, so the hospital record says, Case No. 116 died of malignant scarlatina. And the epidemic was arrested and the patients saved. If you don't believe it, look at the reports of the house. Of course other deaths from "chronic Bright's disease," "pulmonary congestion," etc., followed; but what have such things to do with obstetrics? The post-mortem appearances of those examined were strikingly similar to those of the patients that had died from the influences of the epidemic, but in the present condition of science such things will sometimes occur.

These hints will be invaluable to the unsophisticated (in the absence of political or social influence), as they bear upon a plan of treatment which does not receive attention by many of our prominent authors.

Between January 18 and March 1, twenty-one women were confined in the obstetrical wards of the hospital, of whom five died. About half the whole number were affected. Almost the whole number of patients were unmarried women who came to the house, sometimes months before term, and were all assigned to the same ward. At this time there were about thirty waiting their time in a room which afforded five or six hundred cubic feet of space per individual.

When the epidemic began, isolation of those affected was not attempted, and it was noticeable that as a rule those most directly associated with the affected ones were most fortunate. After March 1, rigid isolation was instituted, and carbolyzed spray, carbolyzed cosmoline, etc., were used in profusion, with little or no effect upon the death-rate for the succeeding six weeks.

HOSPITAL REPORTS.

MEDICO-CHIRURGICAL HOSPITAL OF PHILADELPHIA.

CLINIC OF PROF. WILLIAM F. WAUGH, M. D.

Reported by FREDERICK LOOS, M. D.

Hæmoptysis—Remarkable Fecundity.

This woman comes to our clinic because she has been spitting blood. To the laity this symptom indicates the presence of tubercular consumption, and the time has not long passed when the profession, following the views of Laennec, held the same opinion. I have told you in my didactic

lectures that hæmoptysis usually indicates a morbid condition of the walls of the blood-vessels in the bronchial mucous membrane. Such a condition exists in tubercular phthisis, together with chronic congestion and relaxation of the tissues, causing an afflux of blood, and a diminution of resisting power in the vessels. For these reasons hæmoptysis is a common symptom in tubercular consumption.

But the same weakness of the vascular walls may proceed from other causes; and I shall show you that this is the case at present. This woman tells me she is 27 years old. She was born in Philadelphia, of Scottish parents. Her mother had eight children, including one double birth. Her husband is also a native of this city, his parents being Germans. His mother had eight children, all single births. He is rather below the medium height, of medium physique, temperate and healthy, and is a morocco-dresser.

Our patient is somewhat above the usual height of women, fair, handsome, well-built, with broad, capacious pelvis. She is rather pale just now, and you can see the blue veins on her face more plainly than I would wish; but her lips are red, and the circulation good. Her pulse is somewhat compressible, and the veins on her hands rather full.

This couple have been married nine years; and although there is nothing in the above description in any way unusual, they have achieved the most remarkable success in obeying the injunction to increase and multiply, which has ever come under my observation.

The first child, a boy, was born October 30, 1872, and is now alive and well. In July, 1875, she had twins: a boy still-born, and a girl who lived two years, and died of marasmus. On September 4, 1878, she had triplets, a boy who died in seven weeks, and two girls, still living and well, though small for their age. In February, 1880, seventeen months later, she had twin girls, one of whom died in three months of marasmus, and the other a month later of cholera infantum. On May 22, 1881, fifteen months later, she had twins again, a boy and a girl, who lived five months, and died of whooping-cough.

You will thus see that she has borne *seven living children in the space of thirty-two months!*

I would recommend this case to the consideration of the alarmists who croak about the degeneracy of the European race in America. I have been unable to find an instance of equal fecundity on record. I am firmly convinced that if American wives are not surrounded by large families, it is because they do not desire them. A woman once told me she had produced abortion in her own person no less than seventeen times!

Let me take this opportunity to adjure you, as physicians, to set your faces resolutely against the practice of preventing conception. From disinclination to bearing the discomfort of pregnancy, and the deprivation of society, and from a selfish desire to save the expense of bringing up a large family, our American women are growing yearly more unwilling to bear children. It is incredible with what utter disregard of moral considerations women look upon this matter. Ladies in the highest walks of life, apparently endowed with every Christian grace, whose walk and conversa-

tion are faultless in every other respect, look upon the person who can teach them how to avoid conception as a benefactor to the sex.

When wives voluntarily degrade themselves to the position of the mistress, when they defile the marriage bed with the appliances of the brothel, what wonder is it that they find the honor of their husbands weakened, and the loyalty due to them lost in selfish indulgence not more criminal than their own?

But to return to our patient. What has been the result of this great activity of the reproductive function? To the children it has been disastrous. Nursing two children while others were developing in the womb, the supply of nutritive material she could supply has been defective in amount and in quality, and all have suffered. One child was still-born, and six others succumbed to marasmus, or diseases incident to childhood which they had not strength to resist. The two of the triplets still living are small and puny. Hence we may say that such frequent births lead to the production of a deteriorated race, incapable of supporting the vital functions under ordinary circumstances. In general terms, we may say that if births are less than two years apart, the result is apt to be a deteriorated product.

To the mother, what is the result? You see it before you. She is weak and pale, and has been spitting blood for a year. When the children nurse she has pains in her chest, and if the nursing be prolonged she faints. Every movement of her body indicates languor.

On examining her chest, we find no evidences of tubercular disease; physical examination giving negative results. A blowing murmur at the base of her heart indicates anemia.

Now, in searching for the causes of the morbid condition of her bronchial capillaries, which evidently causes the hæmoptysis, just think what enormous amounts of nutritious materials have been drawn from this woman's system to build up the frames of so many infants! The organs of her body could not assimilate so much from her food; and the balance has been drawn from her body until every tissue is drained. While the loss has been of *all* the elements of nutrition, the one which has been principally felt in this case is lime. To the loss of this element, we attribute the general weakness, and particularly that of the bronchial capillary walls. To confirm this view, just look at her teeth. Three years ago, she had a perfect set of teeth, and now you see they are riddled with carious cavities. Ask any mother when her teeth began to decay, and she will tell you during pregnancy. She then parts with the phosphate of lime in her teeth to build up the tissues of her infant. Hence comes the strange longing of pregnant women for chalk, slate pencils, etc., a longing which a thoughtful physician should take warning by, and prescribe a plentiful supply of this element.

Now, what is our prognosis in this case? She will recover if she obeys our directions carefully; and as she is of more than ordinary intelligence, I believe she will.

She must, if possible, avoid becoming pregnant for two years. For this purpose, we recommend simply moderation and a self-restraint on the part of her husband. We may do this much

with propriety, but beyond this we dare not go, even in so aggravated a case as the present. She must have a plentiful supply of nourishing food, taking pepsine and muriatic acid with each meal, to add to her digestive capacity. She must have the open air, preferably at the sea-shore, moderate exercise, warm clothing, and every morning a cold shower-bath of the shortest duration, to be followed by vigorous rubbing with a coarse towel, and a cup of hot beef-tea, to be drank immediately after the bath. No remedy has the beneficial action upon the blood of anæmics that the shower-bath has when properly used. We advise her to avoid water and slops or soups, which unduly dilute the blood.

We order for her an emulsion of cod-liver oil, with lacto-phosphate of lime. It is in just such cases that this combination is so markedly beneficial that it has obtained an undeserved reputation as a cure for tubercular consumption.

A prophylactic it assuredly is, as the case before us might, under certain circumstances, develop into a true phthisis. Let us hope that the bacillus tuberculosis may not chance upon this very promising soil until she has taken the prescription for some months, when we will no longer fear it.

The patient whose case is related above returned to the clinic at the end of six months. She had entirely regained her health; the hæmoptysis had long since ceased, and every evidence of ill health had disappeared. She became pregnant one year later, was carefully attended by her physician during pregnancy, and had no return of hæmoptysis. The emulsion was given during her pregnancy continuously, and throughout lactation. The infant was finer and heartier than any of its predecessors excepting the first.

MEDICAL SOCIETIES.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting, May 23, 1884. Dr. Henry Beates, Jr., in the chair.

Dr. Mary Willets reported a puerperal case with numerous complications. Mrs. H—, æt. 30, primipara, after a normal delivery, did well for twelve days. Then, after pain in her back and limbs, and chilly sensations, had a rise of temperature and was attacked with nausea and vomiting. The temperature continued high for two weeks. There was nothing to account for the supra-normal temperature, except a laceration of the cervix uteri and some tenderness around this point. On the twenty-fifth day after delivery the patient complained of pain in her left leg. For more than a week there was pain and swelling both above and below the knee; the pain greatly increased on pressure and attempts at extension of the limb, and was in the course of the femoral vein, but careful examination failed to discover anything abnormal. On the forty-third day, the patient having recovered sufficiently to go down stairs, we were suddenly confronted with well-developed mania, at first violent, but subsequently becoming merely loquacious. This continuing two days, gave place to somnolence, and five days later, to convalescence.

Dr. E. E. Montgomery remarked that the case was unusual from the lateness at which the fever appeared. During his present term at the Philadelphia Hospital, measures had been instituted to prevent the contact of septic matter with the parturient parts. A solution of corrosive sublimate, one to two thousand parts, was used to sponge the parts after placental delivery; and cloths saturated with the solution were kept in place by absorbent cotton, oil silk, and a tail bandage. There had been but three cases of septicæmia during the present quarter.

Dr. A. H. Smith said the local examination which the reader of the paper had very properly made solved the whole problem. Together with the symptoms, it showed the case to be one of pyæmic—not septicæmic—poisoning in a woman feeble and unable to resist the absorption of pus. Septicæmia cannot arise after all open surfaces have become purulent. The examination was valuable, and he thought it would be better if more care was generally exercised in this direction.

Dr. Philip M. Schiedt read a paper on the

Clinical Phenomena Following the Puerperal State in Two Cases.

In the first case he was suddenly summoned to the bedside of a woman aged about thirty-five, whom he found comatose, with undilated pupils, head drawn to left side and flexed on the chest, a clammy sweat on forehead, and imperceptible pulse. The heart-sounds were faintly detected, and the body and extremities warm. Restoratives and artificial respiration were without avail, and the patient soon expired.

The history of the case, subsequently ascertained from the family physician, was as follows: She had been delivered of a child, after a natural labor, two weeks previously, which was followed by a normal convalescence, unaccompanied by fever or offensiveness of the lochial discharge. Her babe was healthy, was regularly nursed by her, and she was doing so well that her physician had ceased his visits. On the morning of her death she felt unusually well, but about nine o'clock complained of some headache; vomited a little mucus; had a heavy chill; became unconscious; and was found by me in the condition described, which soon terminated in death.

The notes were presented to the Society for the purpose of obtaining the opinions of its members as to the cause of death, the writer expressing a belief in its cardiac origin.

The other case was one of temporary blindness following labor. After a perfectly natural labor, three hours in duration, the mother failed to see her child when presented by the nurse. It was found that she was perfectly blind, and unresponsive to the candle test. She remained fully conscious and in possession of other senses. This continued three days, and was followed by gradual and complete recovery. During this time there was nothing otherwise abnormal in her condition. There was no œdema, therefore no examination of the urine was made. Previous to confinement she had been well able to attend to her duties.

Dr. L. Brewer Hall, in discussing the second case, said the most plausible explanation of such

rapidly-disappearing blindness was oedema, giving rise to choked disc. The cases reported have not been properly examined by an ophthalmologist, an omission frequently inexcusable. Some cases do not get well, and then we find an atrophy of the optic nerve. He had seen quite a large number of hysterical cases, at times monocular, and such cases are easily diagnosed by feints and attempts to discover that they do see while off their guard. Some one should always be called in in these cases to make an ophthalmoscopic examination.

Dr. Albert H. Smith acknowledged the want of exact information, while the uræmic origin of such cases had been assumed.

Dr. G. Betton Massey denied the necessity of assuming that cases of hysterical blindness were mere malingerers. Such patients at times may be perfectly honest in their inability to see; the real condition being one of divorce between the volitional and intellectual powers of the mind.

Dr. E. E. Montgomery read a paper on

Tracheotomy in Croup and Diphtheria.

based on an experience of twelve cases, one of which, a case of diphtheria, had recovered and was exhibited to the Society. Five of the operations were for diphtheria, the remainder for croup. In all, the operation was one of last resort, and the series teach the importance of early operation. Death occurred most frequently between the third and fourth days: one died in fifteen hours; a second in thirty-six hours; and another on the ninth day. In the successful case the canula, owing to laryngeal spasm, remained until the twenty-fourth day.

In operating, he gives chloroform, and avoids hemorrhage by transfixing a fold of the skin, held by himself and assistant, making an incision one inch long, completing the dissection to the trachea by the forceps and grooved director. After opening the trachea care is observed to remove all membrane previous to insertion of canula. After treatment consists in attention to tube, keeping several thicknesses of tarlatan wet with hot carbolized water over it. The temperature of the room is maintained at between 75° and 80° F., and stimulants and good food given, together with quinia, tincture ferri chlorid. and corrosive sublimate—the latter in frequently repeated doses. The attempt is made to dispense with the tube from the fifth to the eighth day, but it should not be removed until respiration *per vias naturalis* is fully established. From these cases he draws the following conclusions:

1. That tracheotomy is justifiable in diphtheria as well as croup.

2. That it should be performed in croup when it is evident that drugs do not control the progress of the disease, particularly when there is depression of the lower end of the sternum during inspiration; in diphtheria, with the advent of suffocating symptoms.

3. That in the performance of the operation, the knife should only be used to incise the skin and trachea, the intervening tissue being torn by director and forceps.

4. That the subsequent use of proper drugs will promote a favorable result.

Dr. Collins recalled several flattering cases which in a few days showed crape on the door.

He doubted the propriety of anæsthesia, but thought the operation justifiable, if only as a means of easing death.

Dr. Wm. H. Parish said this operation, which was one of the easiest in performance, should be resorted to whenever the symptoms were of such a character as to show impending suffocation. To determine this requires no little judgment, and he recalled a case of recovery without operation, where both himself and Dr. Allis agreed it should be performed. He treats diphtheria by large doses of chlorate of potassium and iron.

Dr. W. H. Warder, in discussing the treatment of diphtheria, thought the chloride of potash and tr. ferri chlorid. most successful in ordinary cases. In more malignant ones he had resorted to calomel in five-grain doses. In a case which Dr. Pepper had seen with him, the latter advised a continuance of this plan for forty-eight hours. At the end of this time forty grains had been taken; a large and offensive evacuation followed, and the child recovered. He did not think such large doses usually necessary, however. Much of the calomel passed without other change than oxidation.

June 27, 1884. The President, Dr. Henry Beates, Jr., in the chair.

Dr. G. Betton Massey read a paper on

Traumatic Sciatica and Its Relation to Hip Injuries.

Details of six cases were related, in the majority of which the sciatica had been overlooked, while attention was directed to a search for osseous injury. In the first case he was called in consultation to see an aged gentleman who had fallen on an icy spot of pavement eleven days previously. In falling, he struck heavily on the left hip, and it was with difficulty that he arose and walked home—a distance of four and a half blocks. His family doctor, a prominent physician and an expert diagnostician, when called in searched diligently for fracture, but could find none—notwithstanding the evident helplessness of the limb and the attacks of excruciating pain, that was made worse by movement. At the time he was called in, the physician had about concluded that the pain must be imaginary.

On examination, the absence of any kind of fracture was apparent. The patient could lift the limb but a few inches from the bed. He was suffering from continuous and severe pain, felt most at points corresponding to the sacro-iliac notch of the affected side, the rear of the head of the fibula, and the rear of the external malleolus. The pain was aggravated by any movement, but especially by flexion of the thigh and extension of the leg. It was clearly a case of sciatica caused by contusion of the nerve in falling.

At the request of the medical attendant, the reader of the paper joined him in the care of the case and applied the continuous descending galvanic current to the affected nerve, ending each sitting with a series of muscle-contracting interruptions of the current; great gentleness being required at first to avoid aggravating the pain temporarily. Good effect was manifest after the first visit, and eleven applications sufficed to establish a complete cure—recent careful inspection failing to detect either awkwardness of gait or atrophy of the posterior muscles.

Case 2 was that of a German woman aged 73. On the 15th of January, 1883, she fell on the ice, fracturing the neck of the femur, outside the capsular ligament. After being totally neglected for two weeks, a member of the family asked the reader of the paper to take charge of the case. He found the limb one and a quarter inches shorter than its fellow, and greatly everted. At the seat of injury the great trochanter was lost in an abundant deposit of callus. No crepitus could be found. Great pain existed throughout the distribution of the large sciatic nerve, being especially felt in the peroneal and posterior tibial branches. Considering the age of the patient and the attempt at union already made by unaided nature, it was deemed unwise to interfere with the broken bone, so remedial efforts were entirely directed towards the relief of the sciatica. A series of blisters were directed; chloroform injections made; various stimulating and anodyne liniments applied, together with the internal administration of opiates and sedatives; but he felt bound to say the case seemed slowly to improve without being affected by any of these remedies. Electricity was not used, as the patient was too far from the office to make it possible to apply it with sufficient frequency, and the friends declined to have her removed to a hospital. The pain continued over a year in gradually-decreasing severity; and though the patient has now been able to walk with crutches for some months, there is much atrophy of the muscles supplied by this nerve.

The remaining four cases were selected from the large number of cases of sciatica treated by the writer at the electric clinics of the Orthopaedic Hospital and Infirmary for Nervous Diseases.

Case 3. A healthy hod-carrier was sent from Dr. Wharton Sinkler's clinic, November 16, 1881. Seven weeks before, while carrying his usual burden up a ladder, the right foot slipped on a stick and threw the thigh into extreme flexion. He immediately felt an acute pain at the point of emergence of the sciatic, and following that nerve down the thigh into the perineal. It was sharp and pricking in character, and had remained continuously present since the accident, being worse at night. He was unable to walk more than a block at a time, and presented a gait markedly characteristic of sciatica. No atrophy was found. He was placed upon static electricity, positive sparks being drawn from the painful points and course of the nerve. After the fifth application it is noted that he was much better; after the twelfth, that he walks three miles to the hospital, and after the twenty-second application he was discharged cured.

Case 4. A carpenter, aged 68, was sent from Dr. Sinkler's clinic September 29, 1880. A healthy man eight months before admission, he fell on the ice, striking the right hip. He was compelled to remain in bed six weeks, suffering from pain in the region of the small and great sciatics. His physician was uncertain whether fracture was present or not. On examination, the gluteal and flexor muscles of right leg were found much atrophied. He complained of great pain in the course of right sciatic to knee, and also in the distribution of the external peroneal. At times felt some pain in left leg. He was placed on the

constant galvanic current thrice weekly. At the end of forty-two applications he is noted as entirely well.

Case 5. A man, aged 40, was sent from Dr. S. Weir Mitchell's clinic, May 6, 1881. Four months before he had fallen and dislocated his right hip. This was reduced shortly afterwards, and he remained in hospital eleven weeks, during which time, and up to his appearance at the clinic, he suffered from much pain throughout the sciatic distribution of that side. There was considerable atrophy of the buttock and limb—a difference of one and a quarter inches being found six inches below the trochanters. He was placed upon five-grain doses of potass. iodid. and the constant current thrice weekly. After thirty-five applications of the battery and considerable quantities of the iodide, it was found that the pain had ceased, but that some atrophy remained.

Case 6. A porter, aged 39, was sent from Dr. Mitchell's clinic, June 30, 1881. Fifteen months before, he had been crushed between a platform and a moving car, fracturing the pelvis on the right side. At his first appearance at the clinic some crepitus was still present, and there was two inches shortening of the right leg. He complained of much pain in the region of the sciatic nerve of the right side, which was increased by motion and exercise. He had been blistered, and was taking 5-grain doses of the iodide, when sent to the electrical clinic. After twelve applications of galvanism, with some benefit, the summer vacation compelled a discontinuance, and he did not reappear in the autumn.

The obvious conclusions to be drawn from these cases were stated as follows:

1. Surgeons called to cases of hip contusion or suspected fracture should not fail to search for evidences of injury to the delicate nervous structures here situated.

2. If such evidences of nerve injury are found, prompt and energetic measures of relief are indicated, the importance of which is emphasized by the complete and rapid recovery of the two cases which were treated early.

3. Of the four remaining cases, one was distinctly benefited and two cured by more or less long-continued (one to five months) galvanic treatment. The fourth did not receive galvanic treatment, and was fully a year in duration.

Dr. E. E. Montgomery inquired how many cells had been used in the treatment. He thought that, considering the usual obstinacy of the class to which the cases related belonged, due to the inflammation of the sheath of the nerve, the treatment had been satisfactory.

Dr. L. Brewer Hall related the details of a case similar to those described, which had been caused in a lady by a fall from horseback, alighting on the seat. The pelvis was fractured, and a long-continued sciatica supervened.

Dr. Massey, in closing the discussion, said that the number of cells used varied from twenty or thirty to fifty, the kind being the gravity cell, which, owing to great internal resistance and the nature of the elements used, did not furnish as much current per cell as the zinc and carbon batteries charged with acid. The number used was largely regulated by the varying resistance of the skins of different individuals, some

skins permitting a free flow of the current, while others presented an almost insurmountable obstacle. It is to be regretted that the inventors have not as yet presented us with an instrument that will conveniently inform the operator of the true amount of electricity passing at a given moment. An approximation, however, to accurate dosage, may be made by including a galvanometer in the circuit, or even by observing the sensations of the patient. Since the date of these cases he had used the static form of electricity in many cases of ordinary sciatica, and found it at times equally

efficacious as galvanism, as well as more convenient.

Dr. Du Bois called attention to the value of *Bals. Peru.* as an application for *fissured nipples*. It should be applied after nursing about four times daily.

Dr. Hall, on behalf of the committee on microscopy, presented an improved clinical microscope, which combined all the features of a clinical with those of an ordinary table stand.

G. BETTON MASSEY, M. D.,

Recording Secretary.

1502 Arch street, Philadelphia.

EDITORIAL DEPARTMENT.

PERISCOPE.

Some Observations on the *Ætiology* of Diphtheria.

Dr. H. Franklin Parsons thus writes in the *London Med. Times*, June 14, 1884:

Diphtheria, though the name is modern, has been known from early times. Until the middle of the present century it had, however, for nearly 100 years, been met with in this country only in the form of sporadic cases and limited outbreaks. Appearing in several parts of the country in 1855, the disease rapidly increased until, in 1859, it caused a mortality of 53 per 100,000. The death-rate then declined, with the exception of a second lesser rise in 1863, to 12 per 100,000 in 1867, about which figure it has kept constant ever since, latterly showing a tendency to rise.

A diagram was exhibited in which the curve of the death-rate from diphtheria during the past 30 years was shown, and compared with those from scarlet fever and "fever," both of which, after large fluctuations in the first half of the period, had steadily declined in the second half, doubtless owing to the operation of the Public Health Acts, and the growth of public opinion as to the importance of preventive precautions.

The Registrar-General's remarks were quoted as to the probably large number of deaths from diphtheria which are returned under the headings of "croup" and "quinsy." The mortality from diphtheria, like that from scarlet fever, is greatest in the fourth quarter of the year, and between the ages of one and five; but, unlike scarlet fever, it is more fatal to females than to males, and in rural districts than in towns. These points were illustrated by tables. Of the modes in which diphtheria may be supposed to originate, infection from a previous case is, perhaps, the only one which is certainly established. Examples taken from the author's experience were adduced.

The susceptibility of the disease varies greatly among different people, often being great in particular families. The disease is infectious in an early stage, before its characters are pronounced, and also after apparent recovery. The infection also attaches itself with persistence to houses, and

may be conveyed by persons living in an infected air, who have not themselves suffered from the disease. The attendance of children at school is a frequent means by which the disease is spread, and there is reason to believe that it may be propagated from cases of sore throat of a mild character, such as frequently are prevalent at the time of diphtheria outbreaks, but which do not themselves present the typical features of the disease.

The infectious nature of the disease is also shown by the good effects which have followed well-considered and carefully executed measures of isolation and disinfection. Cases were quoted showing the length of the incubation period to be from two to five days. The hypotheses of the conveyance of the infection by the wind and by milk were touched upon.

Granting the infectious nature of diphtheria, and the difficulties in the way of tracking it, arising from latent causes, etc., it must still be admitted that it is frequent—more so than with small-pox or scarlet fever—to meet with outbreaks which cannot be traced to an antecedent case; and hence it is probable that the disease may arise *de novo*.

Diphtheria and scarlet fever are often associated, and the one disease has often appeared to have been contracted from the other.

Instances from the author's experience were given, and the nature of the connection between the two diseases was discussed.

The one disease is not protective against the other, nor is one attack of diphtheria protective against another. Diphtheria, moreover, may arise as an intercurrent affection in the course of other diseases, as measles, enteric fever, and erysipelas.

It would seem, therefore, that diphtheria should be classed in an intermediate position between the specific zymotics and the common inflammatory diseases; like erysipelas and puerperal fever, which may arise otherwise than from specific infection, but which propagate themselves readily by infection under appropriate conditions.

It is known that diphtheria can be imparted to the lower animals; but are there not diseases of the lower animals differing in appearance from

diphtheria, which may be capable of giving rise to that disease in the human subject? This question, still unsolved, is of especial importance in reference to milk; a number of outbreaks of diphtheria having been observed to follow the distribution of a particular supply of milk, though no opportunity for contamination with specific infection could be traced.

"Garget," suggested by Mr. Power, in reference on the Kilburn epidemic, in 1878, and "foot and mouth disease," were referred to.

Many authorities consider diphtheria to occur most frequently on a wet retentive soil; others that it occurs indifferently on soils of various nature. Some consider it to prefer low, damp situations; others, high, bleak, exposed sites. The author had not been able to attribute influence to any particular soil or situation, having met with the disease on clay, sand, limestone, on high chalk downs, and in the fens.

Can diphtheria be caused or propagated by unsanitary conditions? Judging from statistics it cannot, for the death-rate from the disease is higher in healthy rural districts than in the most unhealthy towns; nor has it fallen, like that of fever, in consequence of the sanitary amelioration of recent years.

On the other hand, in practice it is often found that unsanitary conditions are present in houses in which diphtheria has broken out, and the author had an impression that unsanitary conditions, such as the inhalation of drain air and fetid effluvia, overcrowding and dampness, were not without influence upon the occurrence and course of the disease.

The cause of the disease had at different times been sought for in various low vegetable organisms, as fungi—especially the *oidium albicans*. More recently Oertel and other German observers had found a micrococcus abundantly developed in the affected mucous membrane.

It seemed probable that the immediate cause of the disease would ultimately be found to be some low organism, which, while capable of passing its existence outside the human body; and perhaps habitually doing so, could nevertheless, under certain circumstances, take on a parasitic habit, and acquire toxic properties.

Ruptured Urethra.

Dr. M. J. Gardiner reports this interesting case in the *Edinburgh Med. Jour.*, May, 1884:

William C., aged 19, engine-cleaner, was admitted to Ward XII., 10th January, complaining of pain about the abdomen. His friends stated that he had been squeezed that morning between an engine and wagon, and pointed to the pelvis as the part injured. On examination, patient was seen to be in a state of collapse, cold sweat upon the brow, breathing rapid and entirely thoracic. Locally, blood was issuing from the penis, and he was stated to have passed no water since the accident. Fractured pelvis and ruptured urethra were diagnosed. There was no swelling of scrotum or surrounding tissues. An attempt was made forthwith to pass a catheter. For some distance it passed all right, but just at the triangular ligament the joint was felt on a

sudden to leave the middle line and pass into what seemed a cavity filled with some soft solid. Immediately blood, fluid and clotted, to the extent of about 2 oz., poured out. The catheter, however, did not enter the bladder, and further manipulation producing no better results, it was withdrawn. The urethra, then, was clearly ruptured, but whether the bladder was hurt or not was still undecided. Aspiration supra-pubically was next attempted, but owing to some defect in the mechanism, failed. A second attempt was then made to pass a catheter, and this time the very first trial succeeded. About 20 oz. of clear urine were drawn off. The catheter, a No. 12, was tied in, and the patient made comfortable in bed, hot fomentations being applied to the abdomen. At night the temperature was 100° F., and the patient slept well after taking 30 m. liq. morph. It was noticed, however, that the respirations were very rapid, and, on examination of the chest, the heart was found displaced to the right, and the right lung diagnosed to be consolidated throughout, with breaking down at the apex. What had been an anxious case before was now deemed to be almost hopeless. The catheter was left in for four days and then withdrawn, the urine being clear and free from blood all that time. After withdrawal the urine was at times clear, at times mixed with blood. Occasionally the urethra became blocked, but the introduction of a silver instrument always remedied matters, displacing the occluding cause, which was generally a clot of blood.

For some days patient rallied, but a temperature constantly above 100°, with profuse night-sweats and cough, gave no great hope of recovery. On the 24th a swelling was noticed in the left iliac region. This was aspirated, and a quantity of decomposing blood drawn off. Pus also now began to pass in the urine, and on the 30th patient died.

Post-mortem examination of the parts concerned showed—

Thorax.—Heart flabby and drawn to the right. Left lung healthy; right collapsed, consolidated. Bronchi full of muco-purulent material; the tissue at the apex breaking down.

Abdomen.—Omentum black and disorganized. Peritoneum black, but no active peritonitis. Cavity full of pus. Urethra ruptured; the neck of the bladder and parts around in a state of acute inflammation and sloughing. A special dissection was made of the urethra, and disclosed the penile portion and tissues around practically normal, with the exception that on the under surface, about 2½ inches from the meatus urinarius, there was a longitudinal opening in the urethra, the length of which (by tape measurement) was five-eighths of an inch. Behind this the corpus spongiosum could be traced backwards to the posterior portion of the bulb. Here the urethra had been completely torn across, and at the seat of rupture there had evidently been a large cavity in the cellular tissue, the walls of which were in a sloughing condition. This sloughing action affected also the membranous and prostatic urethra, extending to the rectum and up into the pelvis. The mucous membrane of the bladder was normal.

Treatment of Fractures of the Skull.

Dr. J. T. Stewart thus writes in the *Peoria Med. Mo.*, May, 1884:

The importance of this subject cannot be readily over-estimated. No other fractures bear any comparison unless it may be those of the spine. The far-reaching consequences, the dreadful effects which are liable to result, even after years of comparative health, throw a fearful responsibility on the surgeon. If it were only a matter of life and death, it would not be so bad. An error of judgment leading to an error in practice, may, and is, very apt to entail a life of misery—epilepsy, insanity, idiocy, any of which is more to be dreaded than death.

The treatment of these fractures was pretty well established by the older surgeons, and there was a fair degree of unanimity in the profession; but of late a portion of our surgeons have drifted away from the sound teachings of the fathers in surgery. These teachings were established, were the results of much observation and long experience of the finest surgeons the world ever produced.

The improvements in this case are like many of our modern improvements, in the wrong direction.

These fractures may be any form or size. They may be simple, compound, or comminuted. In any of them, in case there is no depression of bone, immediate operative measures are uncalled for and wrong; but if symptoms of compression of the brain come on and are at all persistent, then trephining becomes necessary, for that is pretty sure evidence of depression of the inner table, or at least of effusion on the dura mater, which would be relieved by the operation.

In all cases where there is any considerable depression, whether it be a simple or compound fracture, whether there are any symptoms of compression of the brain or not, the only true practice is to elevate the depressed bone. It was to call attention to this most important thing, and obtain the views of the members, that I brought this subject to your notice to-night. There are many points of interest which we might discuss with profit for hours, but this is the great overshadowing practical question. When we are called to attend a fractured skull, shall we trephine or not? It is interesting and important to study the various kinds of fractures, the relative danger in the different regions, etc.; but compared with the vital question in a certain case, shall we elevate the depressed bone or trust the case to nature, as some advise? they are of little importance. I admit I was led to believe the conservative plan was best in almost all cases, and practiced it; but gentlemen, I have seen enough of the results of this practice to convince me it was a fatal error. I have yet to see the first man who had any considerable depression which was not corrected at the time, who, ten years after, did not suffer serious trouble from it; and some of them have become such wrecks it would have been a mercy to them and their friends if they had died when first injured. I know the line of duty is not always clear. There are cases which will perplex the wisest and most experienced surgeons. I would rather err on the side of trephining when it is not necessary than to fail to trephine in any case in

which time afterwards revealed the fact that it ought to have been done. You may say, in these cases, trephine then. After a few months or years have passed the bones become solid, and it is rare that the operation will then do any good. If there should be a spicula of bone growing down into the brain, and you can strike it and remove it, the operation would be a success; but they are the exceptional cases where this can be done.

The operation itself, if properly done, is not a very dangerous one, and then again there are many cases where Hay's saw can be used so as to make an opening large enough to admit an elevator.

The dangers of this operation have been exaggerated, and the value of it has been underrated.

Extraordinary and Probably Unique Case of Stone in the Bladder.

Dr. Alex. Patterson reports this case in the *Glasgow Med. Jour.*, June, 1884:

J. B., a retired draper, was born in the year 1828, and in his youth was a factory operative. In 1845, when at the age of 17, he fell down the well of a hoist, alighting with his legs astride an iron bar, sustaining a double fracture of the left leg, also rupture of urethra and laceration of the perineum. Through the opening in the perineum, as well as by the urethra, blood passed for a period of two weeks. Two attempts at closure of the perineal fistula were ineffectually made, and the urine continued to dribble without ceasing, compelling B. to resort to padding his clothing for the purpose of absorbing the constantly escaping urine. Several medical men saw him, but as patient was much averse to any operative procedure, nothing was attempted, although patient was aware from the year 1852 of the presence of a calculus.

On the 14th of June, 1872, Dr. G. W. was called to see patient, who was then complaining of pain in the bladder, for the relief of which sedatives were prescribed. On the 25th of the same month he was seen again, when nothing abnormal was noticeable beyond the sinus in the perineum.

On the 9th of the following month (July), Dr. W. was sent for again, when the sinus was seen to be considerably enlarged, and the patient requested the doctor to introduce his finger through the fistula, and he would feel the stone. On passing his finger through the opening, the doctor at once felt the calculus, but his finger entered a large irregular cavity in the stone, and the patient explained the presence of this by saying that he had introduced a chisel, with which he attempted to break up the mass, and had managed in this way to remove about *one ounce*.

The doctor started home for forceps, with which to remove the stone, but during his absence, whilst B. was walking about his room in great pain, the stone suddenly burst the perineum, and fell heavily on the floor, breaking into two pieces. When expelled it weighed nearly fourteen ounces and a half, which, taken with the portion removed by the chisel, makes fifteen ounces and a half, which is, so far as I can discover, about the heaviest stone on record in the annals of surgery

in which the patient recovered after its removal. The stone measured in the long circumference $10\frac{1}{2}$ inches, and in the short circumference $8\frac{1}{2}$ inches.

The lacerated perineum was dressed with carbolic oil, and on the 15th of July, six days from the date of expulsion of the stone, B. was going about collecting his rents, and performing his other duties. During the last two years of his life Dr. D. saw him occasionally. He passed his water with difficulty, and was fully convinced that there was another stone in the bladder. To corroborate this opinion, Dr. D. attempted to pass an instrument, but was unable to pass even a No. 1 into the bladder through either urethra or sinus. He died in December, 1883, at the age of 55, of an apoplectic attack, eleven years after the passage of the stone. In addition to the sinus, which never entirely closed, a cicatrix, three inches in length, existed in the perineum.

Scattered through the older surgical works are to be found some cases where the stone has been found of great size, yet, as showing how uncommon they are, I may refer to the wonderful table given in J. G. Cross's prize essay, written in 1833, where a most accurate detail is furnished of sixty years' lithotomy operations performed in the Norfolk and Norwich Hospital. The cases in all amounted to 504, and of that large number there were only nine stones above four ounces in weight, and only two above six ounces, and in the last the patients succumbed. There was not a single lithotomy in which the stone weighed seven ounces in the entire sixty years' operations; in fact, on the whole, there are only a few instances on record of a successful result where the stone exceeded seven or eight ounces.

Kefir.

We take the following, by Dr. Edward Kern Moskwa, from the *Pharmaceutical Record*, May 1, 1884:

Kefir has been known outside of Caucasus only two years. Now it is known in Russia and has spread through Europe. At present you will find kefir factories in all large cities in Europe. Two years ago nobody knew kefir but the mountaineers in Caucasus. They were told that Allah himself had given his children of Islam a panacea for their sicknesses. And they kept this gift to themselves, because kefir would lose its beneficial effect if the unbelievers came into possession of it.

The secret is out, and now the therapy has acquired what no other remedy could perform, and no other remedy can show such remarkable results or be more welcome by the profession.

Before I describe how kefir is made, I think it necessary to give information about the ferment. This consists in peculiarly-formed globules, which generally are called *Dyspora Caucasica* (*Zoogloza*) and cells of yeast (*Saccharomyces cerevisiae*).

Dr. Podwysotsky, in Kief, makes kefir by using cow's milk or goat's milk at $30-40^{\circ}\text{C}$. To this he adds compressed yeast and a pinch of *natr. bicarb.* Prof. Smidt, in Moskwa, has proven how by this expedient the casein and albumen is changed to semi-albumen, which stands between albumen and pepsin.

The milk and yeast to be filled in clean, well-

corked bottles, these to be kept in a temperature not over 15°R ., well shaken every two hours, and in seventy-two hours the kefir is ready for use. It will then be quite freely effervescent. Dr. Dmitrieff Jalta recommends kefir made from boiled milk, especially for children. Dr. Podwysotsky, in Kief, prefers kefir made of skimmed milk for all sicknesses from weak stomach. Dr. Sadoven, in Kasan, claims to have made an important discovery. He declares the milk-sugar is converted into carbonic acid, alcohol, glycerine, and lactic acid.

Dr. Sadoven gives as a result of his experiments:

Casein	2.5670 grains.
Albumen	0.7480 "
Peptone	0.0222 "
Sugar	1.5376 "
Alcohol	1.5 "
Acid lactic	1.3500 "

Kefir is a nourishment, not a drug. Kefir is nutritive, restorative, alterative; nervousness subsides, the stomach performs its work, and the body feels the effect through renewed energy. Besides, kefir is expectorant, diuretic, and sudorific.

In all pectoral ailments, even chronic pneumonia, kefir will act wonderfully. Generally the fever and the cough will disappear in two or three weeks' time, the sleep will be more quiet and uninterrupted, and the appetite better.

For bronchitis there is not a better remedy. Kefir will show its effect almost instantly. All serious disturbances of the stomach will be benefited, and in most cases cured by kefir. Kefir is to be taken regularly. Commence with a wine-glassful a day. Then a glass and a half, increasing to six or eight glasses a day. In summer time it may be raised until twenty to thirty glasses a day. The time for using kefir is generally six weeks.

In some cases kefir will act toward constipation, which is easily prevented by the use of common laxatives. Dr. Soboleff recommends for pneumonia 5 grains pepsinum to every bottle. Dr. Podwysotsky uses in cases of anæmia one or two grains *ferri lact.* and ten grains *sacchar. alb.*

The Treatment of Seborrhœa.

Dr. George H. Fox thus writes in the *Nashville Jour. Med. and Surg.*, June, 1884:

If the systemic conditions which predispose to seborrhœa were better understood, much might be accomplished by attention to diet and internal medication. In the present state of our knowledge we are forced to rely mainly upon external treatment. There are two objects to be kept in mind in the treatment of every case, viz., to soften, if necessary, and to remove the sebaceous secretion, and to stimulate the glands to healthy action. The first aim can be readily accomplished; the second sometimes proves to be a difficult task. In seborrhœa oleosa the frequent use of soap tends to keep the skin dry, but rarely effects a permanent change in its condition. After bathing the skin with soap and hot water, and carefully drying it, the application of precipitated sulphur, tannic acid, or some other astringent powder, is

usually beneficial. If there be a tendency for thin crusts to form over the affected surface, the following ointment, lightly applied by means of the finger, is preferable:

R. Washed sulphur,	8 parts.
Balsam of Peru,	2 "
Petrolatum,	40 "

M. In obstinate cases of seborrhœa of the nose, and these cases are generally obstinate, I have obtained the best results by having the patient rub the nose vigorously before going to bed with a soft linen rag wet with ether, and then apply the following lotion:

R. Sulphate of zinc,	3 parts.
Sulphate of potassium,	3 "
Alcohol,	10 "
Rose water,	100 "

M. In dry seborrhœa of the scalp the crust may be readily removed by soaking it thoroughly at night with olive or almond oil, and shampooing the head in the morning with the official tincture of green soap. This will leave the scalp clean and natural in appearance, but a cessation of the treatment at this point will be speedily followed by a return of the crust. The patient must therefore be directed to shampoo the head twice every week, or oftener if it seems necessary, and to apply meanwhile some slightly stimulating ointment every night. Hyde recommends the following:

R. Oil of sweet almonds,	10 parts.
Carbolic acid,	1 "
Alcohol	100 "
Oil of bergamot,	q. s.

M. If this plan of treatment is carried out for a few weeks, the tendency to the return of the crust will usually cease. In the many cases where seborrhœa does not form a thick crust upon the scalp, but occurs in the form of dandruff with the falling of the hair, it is often necessary to prolong the treatment for several months.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—A convenient duodecimo of 166 pages, written by Dr. C. H. Leonard, has been published by the Illustrated Medical Journal Co., of Detroit, Michigan, on "Auscultation, Percussion, and Urinalysis" (price, \$1.00). It is illustrated, and treats succinctly of physical diagnosis, the pulse, the sputa, the liver, spleen, and kidney, and the chemical and microscopical examination of the urine. Dr. Leonard is well known for his success in writing epitomes for the profession, and we do not doubt that his present venture will be equally successful with those that have preceded it.

—In a pamphlet entitled "Directions for the Antiseptic Treatment of Wounds, as Employed at

Prof. Billroth's Clinic," written by Dr. Victor R. v. Hacker (published by Cupples, Upham & Co., Boston, price 50 cents), we have a very thorough exposition of the latest form of the German method of antiseptis. The principal agent employed is iodoform, which appears to have taken the place of carbolic acid in the fashion of surgery. The description of its employment is well worth perusal.

—A bulky pamphlet of nearly 400 pp., by Dr. Joseph Jones, gives an account of the quarantine and sanitary operations of the Board of Health of the State of Louisiana, between 1879 and 1884. It is closely printed, and full of information in reference to public hygiene. Dr. Jones is strongly in favor of a regular quarantine, and his arguments for it are sound and convincing.

—Dr. John S. Hough, of this city, has recently written an interesting essay entitled, "An Inquiry Concerning the Relative Influence of the Sex of the Fœtus in Utero on the Mental, Physical, Physiological, Pathological, and Developmental Condition of the Mother during Gestation, Lactation, and Subsequently." It is characterized by his usual erudition.

—Prof. J. S. Wight, M. D., of Brooklyn, in a recent reprint, urges that the proper treatment of criminals should be greatly mitigated, and made rather a matter of reformation and education than of punishment. It is our opinion that all such advice is foolish sentimentality, and has already been acted upon too far. Even now a brutal criminal is better cared for, better fed, and better clothed, than the majority of honest laborers. We already almost offer a premium for crime, and further urging in this direction is needless.

Solutions of Morphia for Hypodermic Use.

In the *Med. News*, February 10, 1884, we learn that Professor Hamburg finds morphine sulphate to be less prone to decomposition and to the formation of mycelia than the hydrochlorate and other salts, and therefore considers the sulphate best adapted for medicinal morphine solution. It should be dissolved in pure boiling distilled water, and the solution should be filtered through paper not previously moistened (Year Book of Pharmacy, 1882). Dr. Squibb has given us a *wrinkle* in the preparation of solutions of the alkaloids for such purposes as collyria and hypodermic injection. He says a few grains of salicylic acid in four ounces of water makes a solution in which alkaloids may be dissolved, and can be kept for years without the growth of fungi. The small amount of the acid used is without any physiological effect either when dropped in upon the eye or used subcutaneously.

THE
Medical and Surgical Reporter,
A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

D. G. BRINTON, M. D.,
JOSEPH F. EDWARDS, M. D., } **EDITORS.**

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium. - - - -	6.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - - -	6.25
Reporter, Comp. and Pocket Record, - -	7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M. D.,
 115 South Seventh Street,
 PHILADELPHIA, PA.

A \$10.00 BOOK FOR \$2.00!

52 Steel-plate Portraits of Medical Men.

Having purchased the few remaining copies of ATKINSON'S PHYSICIANS AND SURGEONS OF THE UNITED STATES, containing 52 admirably executed steel portraits of eminent medical men, and the biographies of several hundred, I offer a copy to any subscriber to the REPORTER, who will send \$2.00 and the name of a new subscriber to the journal who will agree to pay \$5.00 within 30 days.

This handsome book of 788 pages is neatly bound in half morocco, and sold, when published, for ten dollars. But few copies remain, and they are entirely out of the market. As an illustrated album of the profession, it is an ornament to every library and office table.

DR. D. G. BRINTON,
 115 South Seventh Street,
 PHILADELPHIA.

PATENT MEDICINE SUITS.

The vendors of patent medicines get into trouble frequently with each other, and their affairs are ventilated in court. These troubles are generally over the trademarks by which they label their wares, and a successful compound usually has many imitators trying to get into public favor through its popularity.

There was a case in the United States Supreme Court not long since by the manufacturers of what was called "Atwood's Quinine Physical Jaundice Bitters, Georgetown, Mass." It appeared that some persons in Portland, Maine, were imitating the concoction and also the label, and a suit was brought to prevent this.

On the trial it appeared that Atwood himself was dead, and that the medicine was not manufactured at Georgetown, Mass., but at New York, by the Manhattan Medicine Company. These statements were held by the court to be misleading to the public, and an injunction was refused against the Portland manufacturers, who were taking away the trade of the original makers. The ground of the decision was that any trademark must contain nothing but what was absolutely true, if it was desired to prevent outsiders from imitating it.

A still more recent case was that in a Maryland court, to prevent imitations being made and sold of the "Aromatic Bitters or Angostura Bitters, Prepared by Dr. Siegert, at Angostura, now Port Spain, Trinidad."

It was shown by the evidence that Dr. Siegert had never lived at Angostura, and had been dead some ten years. After his death, a firm was formed for the purpose of manufacturing his compound, and the place of business was changed to Port of Spain, but the statement was still kept on the labels that the medicine was manufactured by Dr. Siegert.

These statements were also held to be misleading and false, so that the aid of a court of equity would not be granted to prevent any imitations.

It would seem from these cases that the manufacturers of quack medicines and nostrums of

more or less vileness do not always have a perfectly easy time in gulling an unsuspecting public. Whenever a patent medicine gets a name and trade for itself, at once a host of imitations spring up, and suits are begun over the trade-marks.

THE SPLEEN AND THE THYROID GLAND.

At the XIth Congress of the German Society for Surgery, Dr. Credé, of Dresden, presented a patient whose spleen he had removed about a year previously. The cause of the operation had been cystic degeneration of the spleen; the patient, æt. 44, had rapidly become convalescent, and he was introduced to the Congress as a perfectly healthy individual. Two months after the removal of the organ, Prof. Birch-Hirschfeld examined the blood of the patient, and found that the ratio of the white corpuscles to the red was as one to three. Five months later the blood was nearly normal. Credé reported that the most interesting observation that he had made on the patient had been the enlargement of the thyroid gland, occurring in the fourth week after the operation, and continuing until the middle of the fifth month, when the swelling decidedly diminished, but a small goitre being still observable. Credé obtained the following result from his investigations of the case. The function of the spleen consists in the metamorphosis of the white globules developing in the lymphatic system to red corpuscles, which latter, in the blood of spleenless animals, have been noted as being of diminished size.

Zesas, in his experiments, not only adhered to the same view, but he also proved that in cases of extirpation of the spleen, some other glandular organ had to assume the blood-making function of the spleen. His conclusions were these: When in a human being or in an animal the spleen is removed, leucocythæmia first develops itself. Then glandular enlargements ensue, and after a certain period one gland alone stays enlarged, while the blood slowly resumes the normal relationship of its blood corpuscles. Quoting Credé's case and some others published before and after it, Zesas believed the thyroid gland to be the or-

gan which exerts the function of the spleen, when this is extirpated.

Recently, Dr. Tauber (*Allg. Med. Centr. Zeitung*, April 16, 1884,) has instituted a series of experiments. The result has been such that the assertions of Credé and Zesas are denied by Tauber, who has proven that in animals both the spleen and the thyroid gland may be extirpated without any other influence on the blood than that exerted by the removal of the spleen alone; that the thyroid gland does not assume the blood-making functions of the spleen, and that the latter can be considered only a reservoir for the blood.

THE SEAT OF HYSTERICAL APHONIA.

Those cases in which suddenly loss of voice developed itself, as for instance in cases of hysteria, and in which no lesion of the larynx can account for the symptom, have never been explained. It is possible that recent experiments by Krause (*Berl. Akad. Sitzb. Centralbl. f. d. Med. Wiss.*, 15, 1884,) may bring us near the final solution of the question.

By electrical excitation of the anterior perpendicularly descending surface of the gyrus præfrontalis in the dog, K. obtained, besides contractions of the anterior muscles of the neck and ascending of the larynx, motions of swallowing, lifting of the velum, contractions of the superior pharyngeal constrictor, of the posterior part of the back of the tongue and of the arch, and a partial or total closure of the glottis. Sometimes, when the electrodes were in a certain position, the vocal cords were in the so-called cadaver-position.

But when K. removed the cortical part of the gyrus præfrontalis on both sides, some animals lost the faculty of barking, others succeeded in bringing forth only a kind of screeching sound, or powerless high tones, while it was apparent that they made use of a great amount of air and a great effort to produce even these sounds.

Of this gyrus fibres descend by the crus of the same side; in these, eight to eleven weeks after the operation, whole parts of axis cylinders and degeneration of others were noted. The *tedumulus corporis mamillaris* also appeared diminished

in size, and in the Vieq d'Azyr bundle of fibres, and still more in the root of the fornix, a divided loss of substance was observed in the fibres. These parts must therefore belong to the tract of fibres starting from the gyrus præfrontalis and descending, reaching finally the larynx.

How the centre for the sound of the voice is deprived of function in cases of aphonia, cannot be easily explained, as in some animals even the destruction of the part still permits a sound to be uttered. But it is probable that anæmia, or otherwise the cutting off of the supply of blood to a certain extent, may cause the cessation of function.

SPASM OF THE SPLENIUS.

A lady suffered for a year from contracture of one splenius muscle. Cure was established by Dr. Adamkiewitz (*Wiener Med. Presse*, 48, 49, '83), with methodical faradization of the apparently healthy splenius muscle of the opposite side. The result demonstrated that the *apparently* healthy muscle was in fact the weaker, and the splenius muscle, which was *apparently* diseased, had simply disturbed the equilibrium by its normal contraction, not balanced by the healthy function of its partner on the other side.

We think that, if not in all, at least in most cases of long-continued muscular contracture (spasmodic contraction), it is not the contracted muscle which is the seat of the morbid lesion, but its antagonist, which is diseased, has become weaker, and thus gives rise to the increased abnormal contraction of the other healthy muscle. We have never seen any good result from the galvanization of a contracted muscle; but Benedict, whose experience was great in these complaints, always recommended the galvanization of the contracted *and* the faradization of the opposite muscle, giving as his reason for so doing, that faradization would irritate but more the hyper-excited muscle. But if it is true that galvanization has no effect in removing the apparently abnormal contraction, while faradization greatly increases the power of a weakened muscle; and if we adopt the theory that in all such cases the

not-contracted weaker muscle on the other side is the one diseased, the whole at once becomes clear. Two muscles, one on each side, exert, we will say, a certain amount of traction. If one becomes diseased and weakened, giving no indication of its function, the other will appear to have doubled its action. Naturally in such a case, strengthening (faradization) of the weaker muscle will re-establish the equilibrium. These cases can at least not be otherwise explained. We would advise, therefore, in all cases of contracture of a muscle (as in torticollis), to leave the contracted muscle alone, and to faradize and otherwise strengthen its antagonist on the other side.

LET US HAVE THE TRUTH.

Now that an epidemic threatens our shores, it is timely to say a word in favor of truth-telling.

There is always a party who want to lie, and to persuade physicians and health officers to lie, about the existence or the severity of an epidemic disease in a city—their real motive is the meanest selfishness. Their asserted motive that it is unwise to alarm the public, etc.

In fact, every consideration of sound sanitary science, as well as morals, condemns the concealment of epidemic sickness or the falsification of reports about it. There is certain to be a public rumor about it, and this is certain to be exaggerated.

Let the public be taught confidence in the candor and the skill of its boards of health and sanitary authorities. Let there not be the slightest effort to obscure a diagnosis or to conceal a case. Private and commercial interests should count for nothing, as against scientific candor.

There is a fair prospect that this summer at least we shall not have a severe infliction of an epidemic. But should it appear, let the utmost publicity be given its march.

NOTES AND COMMENTS.

Bright's Disease of Malarial Origin.

Dr. I. E. Atkinson, of the University of Maryland, believing that this subject has not attracted

the attention it deserves, has been led to study with reference to it all cases of malarial fever coming under his observation during the late summer and early fall of the past two years, at Bayview Asylum, and the result he gives in an able and elaborate paper which appears in the July number of the *American Journal of the Medical Sciences*. The conclusions which he reaches are as follows:

1. Transitory albuminuria is not uncommon in the course of malarial fevers, and is due to the intense visceral congestions characteristic of these affections. It only may endure throughout the height of the congestion, recurring with each return of this, or it may persist in the intervals, in which event a higher grade of congestion is attained, more nearly approaching a condition of acute inflammation.

2. In a proportion of cases varying with locality and type of prevailing epidemic, or individual conditions, inflammation of the kidney occurs, accompanied by dropsy and the usual symptoms of nephritis.

3. The usual form of malarial nephritis is the tubal and diffuse variety. In this the inflammation seems to be most intense in the vicinity of the glomeruli.

4. Contracted kidney may occur as an advanced stage of malarial nephritis, either from long-continued or frequently repeated attacks of malarial fever, or from fibrotic changes such as may ultimately occur in ordinary tubal or diffuse nephritis. It is altogether improbable that this form of malarial renal disease ever occurs primarily as purely interstitial nephritis.

5. These changes may be induced by any form of malarial fever, though they more commonly follow chronic intermittent fever.

6. The tendency of malarial inflammation of the kidney is toward recovery. But from the persistence of the impaludism or the intensity of the inflammation, structural changes may be produced that are characteristic of chronic Bright's disease, when the gravity of the affection will be as that from chronic Bright's disease, from whatever cause.

7. Treatment should be directed primarily against the malarial intoxication, more especially in recent cases. A correction of this will often be followed by a complete, though often gradual, subsidence of the nephritis. Even in more chronic cases, the malarial factor in the process should definitely be destroyed if possible, after which the disease should be treated as ordinary Bright's disease.

Etherization by the Rectum.

Commenting on this newly-recommended procedure, the *London Medical Times*, May 24, 1884, says that Dr. Yversen's proposal to anesthetize patients *per rectum* appears likely to have a future. It is claimed that the method is as safe, and as effectual, and not so unpleasant to the patient, as the ordinary method of inhalation. On Dr. Yversen's proposal, Mons. Mollière, of Lyons, tried it in various operations, and with so much success as to encourage the best hopes of its proving really useful. Since the publication of the method, other surgeons appear to have tried it, and in many instances with satisfactory results. The plan of administration is to connect an India-rubber tube with the ether bottle, and to the other extremity a vaginal nozzle is attached, which is introduced into the rectum. The bowels are thoroughly cleansed with a preliminary purge, and the rectum is emptied by an enema shortly before operation. When all is ready, the ether bottle is placed in hot water of 140° to 160° F., the temperature varying a little with the amount of ether vapor required: the heat of the water must be kept up. The time required to produce complete anesthesia appears to vary from six to thirty minutes, and the amount of ether used from two to six ounces. The distension of the bowels with ether vapor appears not to cause any great discomfort: it is quickly absorbed, and can be detected in the patient's breath within a few minutes of the commencement of its exhibition. The period of excitement, which M. Mollière thought was not experienced, appears, however, to be present in many cases; and a fact also not noticed by him, is the occurrence of diarrhoea in a considerable proportion of cases. In one or two, the diarrhoea has been accompanied with the passage of blood, and in one child it is reported that death resulted on the day following the operation, after several large and bloody stools had occurred. It is well, therefore, that surgeons should be put on their guard. Doubtless, experience will soon teach whether the diarrhoea is accidental, or due possibly to the mode of administering the ether—perhaps, too, a too rapid distension of the bowel with the ether vapor may have to do with it. It must be remembered that the ether vapor once introduced into the intestines cannot be easily withdrawn; and until, therefore, its effects are better known, great caution must be used. The anesthesia must be produced slowly, that is, the ether must not be placed in too hot water. We shall hope to receive reports as to its mode of action from those who try the method.

A Case of Left Inguinal Colotomy for Imperforate Rectum.

Dr. W. H. Haynes, of New York, records in the July number of the *American Journal of the Medical Sciences* an interesting case of inguinal colotomy. One procedure in the treatment we do not find discussed elsewhere in detail, namely, that of opening up a passage at the natural site for the canal, either simultaneously or subsequent to the operation of opening the gut. When the two operations are to be performed at the same time, the first or inguinal opening would be in the nature of an exploratory operation, and should be made small so as to admit of immediate closure and return to the peritoneal cavity, after a passage had been secured at the natural site. If this latter be not secured, then the opening could be enlarged and made to serve the purpose of an artificial anus in the abdominal wall. The advisability of this procedure, however, is at present in such a doubtful state, that only the experience of a number of operators can determine it. Of the few cases so far undertaken in this manner that Dr. Haynes can find recorded, his own is the only one that survived the second operation.

Dr. Haynes' single experience, though successful, does not lead him to advise this procedure, since the object of it will, during the early years of its life, be dependent on the exceedingly diligent and constant attentions of others whose affections and services, though the closest, are not to be depended on, as was demonstrated in his case. If the second operation be subsequent to the first, the patient will have a double annoyance, or be under the necessity of having a third operation performed by the closure of the opening first made, which is not unattended by danger to life, or by doubts as to the result; and perhaps be under the necessity of having to have it reopened, owing to neglect in the proper after-treatment of the new canal in the natural site. Whereas, if one is satisfied with having saved life in a manner which numerous cases testify is not unenjoyable or full of discomfort, as used to be maintained, all dangerous risks of subsequent operations are avoided, there will be no more dependence on others' services than is natural, and many sources of distress that natural flesh is heir to will be obviated.

The Treatment of Diphtheria.

Dr. J. W. Moore says that in his hands the following line of treatment, which he publishes in the *Med. Annals*, June 1, 1884, has been almost uniformly successful in the cases that he has

treated during the past six months, the rate of mortality being two to thirty, these two dying from fibrinous tracheo-bronchitis. After attending to the hygienic necessities as far as possible, such as putting the patient in a well-ventilated room, the air of which is both warm and moist, with the temperature between 60° and 65° (assuming that we are able to put our patient in a comfortable room, as often we have to treat them as we find them), and thin patches of false membrane presenting themselves, with other concomitant symptoms, he gently sprays the throat with a weak solution of chlorine gas, made by the action of tr. chlor. iron on potassium chlorate, slowly adding water as the chlorine is given off. He then gives, according to age, from ten to fifteen drops of the tr. of iron every three hours in a little glycerine and water; good nourishing diet, such as milk, eggs, etc. On the second day, if the disease is not checked, he gives one drop of Lugol's solution of iodine, and a half drop of carbolic acid, in a little water and glycerine, every two hours, and increases the intervals of the iron to four or five hours. He also uses a direct application, discarding the spray, of a mixture of iodine, glycerine, and carbolic acid.

Tubercle-Bacilli in Tonsils.

About thirty years ago the observation was first made that children suffering from chronic tonsillitis or from other chronic enlarged glands of the neck are apt to become the victims of tubercular consumption of the lungs when they reach the twentieth year, or thereabouts. About ten or fifteen years ago a German surgeon first recommended the extirpation of these glands as a preventive of phthisis. He had made the observation that children, in whom such enlarged glands supplicated and thus died, were exempt from phthisis. And, indeed, statistics published only some two or three years ago, proved that children in whom the preventive operation had been made not only enjoyed later the best of health, but also ceased to be scrofulous.

We now have an explanation of the good results following the operation, and of the fact that children, in whom such glands supplicated of their own account, reached a high old age. Dr. F. Strassmann (*Virchow's Arch.*, 96, vol. ii., 1884,) has examined a number of such enlarged glands, and found them filled with tubercle bacilli. He besides proved, that in cases of tubercular phthisis of the lungs the tonsils also became the seat of the same disease, and he believes that the infection in such cases takes place by the saliva.

This gives us an explanation of another fact, viz., the common occurrence of "sore throat" and enlarged tonsils (due to which is the hawking of such patients) in tubercular patients.

The Heroic Use of Calomel in Diphtheria and Croup.

Since we have had occasion recently to refer to this method of treatment, it affords us pleasure to see the suggestion therein noted very strongly endorsed by Dr. J. P. Klinginsmith, of Blairsville, Pa., who writes about it to the *Med. Record*, July 12, 1882. The mercurial used in these cases was the English calomel, and was given by filling a teaspoon half full of cold water, then dropping the medicine upon it, after which it was placed well back in the mouth of the patient. The calomel purges, but not to excess, causing simply free and copious evacuations of a greenish appearance. He has never known ptialism to occur in a single case. His experience with this plan of treatment is based upon three cases of his own, besides a number occurring in the practice of other physicians. He believes that with a faithful and proper administration of the remedy in question, disintegration and separation of the membranes will be facilitated, as well as relief afforded to allay the spasmodic character of the disease.

In this connection it will be interesting to note that Dr. Hanks reports to the New York Obstetrical Society that he has for two years been employing minute doses of corrosive sublimate internally in the treatment of diphtheria in children, and believes that he has obtained better results thereby than by the use of any other medicine.

Universal Erythema After the Use of Sublimate-Gauze.

As an antiseptic dressing, especially in Germany, gauze saturated with a corrosive sublimate solution ($\frac{1}{1000}$) is now employed to a great extent. Dr. Reichel, who has often noticed local irritation follow the application, reports in the last number of the *Berl. Klin. Woch.* the following case:

A baker, æt. 22, had, on account of left genu valgum, osteotomy performed. The leg was bandaged up from the ankle to the groin with sublimate-gauze. Five days later, a burning sensation set in, which so increased that on the ninth day the dressing had to be removed. An intense, papulo-vesicular eczema was found, and this was complicated by a general erythema, covering the whole body save the face and neck. The sublimate-gauze was exchanged with salicylic-dress-

ing, and no further attention paid to the erythema, which disappeared within a few days.

Local eczema is not rare, but such general irritation of the whole skin has never been observed from the application of sublimate-gauze.

Examination of the Air for Microzymes.

For this purpose, Dr. Hesse, of the German Imperial Board of Health, recommends the following procedure: A fine glass tube, which at its upper end has a fine opening, and which at its lower end can be closed by a sterilized cotton-stopper, is first exposed to a sufficient heat to insure its sterility. Then sufficient aseptic gelatine is poured into the glass tube to slightly cover the inner side. The air to be examined is drawn (from a room, the open air, or anywhere) by an aspirator, and slowly blown by the same instrument through the fine opening on top of the tube, the air slowly passing out at the lower end, where a fine opening is left in the cotton-stopper. The passage of the air through the tube causes a deposit of its microzymes on the gelatine-coated inner surface of the tube, which is then closed. Later, a microscopical examination, if necessary, controlled by pure-cultures, demonstrates the varieties of microzymes present in the examined air. The procedure is very simple, care only having to be taken that every implement used is aseptic, and that no other air can enter the tube, which can, however, be easily prevented.

Stretching the Spinal Cord.

From a foreign exchange we learn that Prof. Hegar has recently read a paper at Freiberg in which he advocates stretching the spinal cord. Our readers will be glad to hear that the operation does not consist in opening the spinal canal and directly stretching the spinal medulla. But Dr. Hegar has found that when the spine is very much bent the cord is actually lengthened. His mode of procedure is to place the patient on his back, and then, with the knees kept carefully straight, the lower limbs are bent up towards the chin as far as possible. In this way the great sciatic nerves are put on the stretch, and this, as well as the over-bending of the spine, stretches the lower end of the cord. The cases for which Dr. Hegar recommends this treatment are those of women who suffer from pelvic pain, and of nervous phenomena referable to the branches springing from the lumbar enlargement of the cord. Already the treatment has been employed in a few instances, and, it is stated, with success.

Extirpation of the Clitoris.

Though of late somewhat come into discredit, the following case of Engelman shows the advantage, as occasionally met with, of clitoridectomy:

A woman, æt. 52, suffered during the climacterium from the following symptoms: Pruritus vulvæ et vaginæ, sensation of congestive flow of blood from the external genitals to the spine and the occiput; profuse sweats, disturbances of the stomach, icterus, vomiting. Besides these symptoms, which were permanently present, the patient also complained at times of hyperæsthesia of the genitals, tremor, vertigo, headache, insomnia, inability to work, and *tedium vite*.

Vulva and vagina being hyperæmic, caruncule myrtiformes congested, labia minora and clitoris hypertrophied, and the least touch of the clitoris causing a seizure and aggravation of all symptoms, and the urethra being the seat of very painful caruncule, Dr. Engelman partially extirpated the clitoris and destroyed the caruncles. An immediate and great improvement set in, and thus encouraged, E. totally extirpated the clitoris and the hypertrophied labia minora. The result was excellent. No untoward symptom followed the operation, and every indication of disturbed health ceased. Six months later, the patient had no complaint whatever, and enjoyed the very best of health. Masturbation generally prevents the good results of the operation, and is the cause of all relapses. (*Allg. Deut. Med. Centr. Z.*, 520 p., 1884.)

Neuralgia in Diabetes.

Besides the usual forms of neuralgia, which are met with in diabetes, peculiar neuralgic pains often set in, which seem to stand in intimate connection with the malady in question. Worms, Berger, Raymond, and others, have specially inquired into these neuralgias, and they had come to the conclusion that the quantity of sugar excreted bore a direct relation to these pains. Cormillion (*Journ. de Méd. de Paris*, 13, 1884,) has recently again taken up the subject, and from a large number of observations he makes the deduction that while these neuralgias doubtless become worse with every aggravation of the diabetes, and improve with every amelioration of the original disease, the quantity of sugar excreted has little influence in that respect, but it is the general condition of the patient, which, in diabetes as well as in other maladies, decides the degree of severity in the complications.

The neuralgias of diabetes have the peculiarity of always being symmetrical. Of twenty-two

cases, eighteen happened on both sides. Most frequently the sciatic nerves suffer. There is no special treatment necessary, as the general treatment, which influences the diabetes, also improves the neuralgia.

The Water-Cure in Diphtheria.

Dr. Gasparini (*Gazz. Med. Ital. Lomb.*, February 16, 1884,) accepts Morell Mackenzie's definition of diphtheria, and looks upon it as an acute infectious general disease, with a tendency to the production of certain local manifestations. His treatment consists in wrapping the patient in a cold wet sheet, repeating the packing three or four times a day, according to the height of the fever. Cold compresses are to be kept continually to the throat. He also uses gargles of the alkaline sulphites, carbolic acid, etc., as disinfectants, never caustics. In 1875 six cases were thus treated; all recovered, the disease lasting from five to eleven days. In 1879 seven cases recovered under the same treatment, the average duration of the disease being ten days. This treatment is well borne, and the patients like it; its antipyretic action is marked, though transitory. Stimulants are at the same time to be freely administered. The duration of the disease is not influenced; but convalescence is shortened and the strength is more quickly recovered.

Nephritis and Varicella.

Chicken-pox is usually considered a very mild disease. Text-books say that occasionally death takes place by that disease, but the cause has never been explained. The celebrated authority on diseases of children, Prof. Hensch, in Berlin, has discovered that nephritis occasionally complicates varicella. (*Berl. Klin. Woch.*, 1884, 2.) He observed in four children, eight to fourteen days after the beginning of the varicella, the development of acute nephritis. Three of the cases recovered, but the fourth died in consequence of rapidly-developing œdema of the lung. It shows that chicken-pox is not always the innocent disease which we believe it to be, and that we had better watch every case with the same care as we do in scarlatina. It may be safer near the end of the disease to examine daily the urine, as an early treatment of the dreaded complication will insure its favorable issue.

On Muscular Hypertrophy of the Stomach.

Concerning this rare condition of the stomach there appears to be but little known, and it is not

generally mentioned by writers on diseases of this organ; therefore the careful report of a case by Drs. Alex. Marcy, Jr., and J. P. Crozier Griffith, of Philadelphia, which appears in the *American Journal of the Medical Sciences* for July, 1884, has a special value. Unfortunately, the disease is rather of pathological than clinical interest, since there are no symptoms which are as yet known to be peculiar to it, and the treatment can only be palliative.

Solution of Iodoform for Injection in Acute or Chronic Blennorrhagia.

The *London Med. Record*, April 15, 1884, tells us that Campana gives the following formula:

R. Iodoform,	20 grammes.
Carbolic acid,	0.10 to 0.20 grammes.
Glycerine,	80 grammes.
Distilled water,	20 grammes.

At first one injection only is to be used in the twenty-four hours; after three or four days, two injections daily. After about ten days, when the inflammatory symptoms have subsided, sulphate of zinc in mucilage and water is to be substituted for iodoform.

A Case in which Four Inches of the Shaft of the Femur were Lost by Necrosis, with Complete Recovery.

Dr. John Ferguson, of Toronto, reports this very interesting case in the July number of the *American Journal of the Medical Sciences*. Upon the removal of the sequestrum, which embraced the whole diameter of the femur, a thin shell of newly-formed bone was felt, and the steps of repair advanced until the femur was completely reformed without shortening. An expectant and tonic plan of treatment was adopted throughout.

CORRESPONDENCE.

Dr. Hazlett's Case of "Facial Erysipelas," and its Maniacal Complications.

EDS. MED. AND SURG. REPORTER:

The practitioner who relates a given case and confesses his perplexity with reference to its features, and asks suggestions respecting their nature, deserves well of humanity and the respect of his brother practitioners: for it is through the rectification of error that truth is often established.

Dr. J. C. Hazlett, of Belle Vernon, Pa., gives a striking portrait of a case that occurred to him, with the treatment employed in it. With the same candor with which the doctor has submitted his case, I offer a few remarks concerning it. Of the original disease, not much need be said. Dr. Hazlett saw the patient, a lady in the very last period of gestation, at noon, on Saturday, March

1, "finding the face much swollen and inflamed, * * tongue heavily coated, throbbing headache. Temperature 101° F.; pulse 100." Let us see what the medical man gave her—"4 grs. of quinine s. every four hours"—equal to 24 grains per day; "also tr. aconite, fl. ext. belladonna, aa gtt. j., per hour"—equal to 24 drops of tinct. aconite and 24 drops fluid extract of belladonna per day. It is not stated whether these liquids represented the leaves or the root of the drugs, the prescriber probably not having read the following caution, under tinct. aconiti radiceis, in the thirteenth edition of U. S. Dispensatory, "that physicians should be careful, in prescribing either of the tinctures of aconite, to give the whole name of the one they intend, as otherwise serious consequences may ensue."

The record continues: "Sunday, March 2, 3 a. m., a good-sized boy had been born about one hour." The doctor did what was needed for the patient's comfort and well-being; and, "continued the same treatment as the day before." He had "found temperature normal, pulse 100, patient free from pain and resting easy"—a condition which would suggest little treatment. Record continues: "Saw patient at 5 p. m. Temperature 100½°, pulse 100; appetite good. Continued quinia sulph., 4 grs. every four hours" (24 grs. per day). * * * "Continued aconite and belladonna every hour or two" (12 to 24 drops each per diem).

"Monday, March 3, 7 o'clock a. m. Temperature 101½°, pulse 100. Continued treatment of the day before, and saw her again at 5 o'clock p. m., and found temperature 102½°, pulse 100, appetite good, swelling and flush beginning to fade and pass away.

"Tuesday, March 4, 11 o'clock a. m. Temperature 102½°, pulse 96; 5 p. m., temperature 104½°, pulse 86, appetite good, but complains a little of dryness of the throat.

"March 5, 9 o'clock a. m. Temperature 99½°, pulse 80. Erysipelas entirely gone; throat still dry, pupils a little dilated."

Nothing is said of the treatment of Tuesday, March 4, but we may fairly infer that it was the same as on the preceding days. At this time, March 5, a consultation is held, and the record says: "We stopped all active treatment, and gave quinia sulph., grains iv. every six hours" (16 grains per day).

"At this time my patient began to talk a little incoherently, but was not stupid, and recognized any one on going to her bed. Saw her again at 5 o'clock p. m. Temperature 99½°, pulse 80; mouth still dry; inclines to talk, also to look and listen as if for some one calling; then will speak to some imaginary person on the bed, or at the foot of the bed, or call to some of the children that are in danger, or in mischief, sometimes kindly, but generally in great earnest."

"Thursday March 6. Was called at 5 o'clock a. m. Patient much worse. Temperature normal; pulse normal, but very restless and wild; had put in a fearful night, raving, crying, scolding, and pleading to be taken home. Her night-clothes and underclothes, together with the sheet, were completely saturated with perspiration. She had passed no urine, but no accumulation could be detected. Gave potassic bromide gr. xv.; chloral

hyd., gr. v., every half hour until sleep was produced.

"6 o'clock p. m. Temperature, 97° F.; pulse, 76; has taken potassic brom. \mathfrak{z} ij., chloral hydrat. \mathfrak{z} j., during the day, but no signs of sleep. * * Is very wild, talks incessantly to imaginary persons about her, and frequently speaks of explosions that are taking place, even brushing the dirt from the bed-covers as it falls about her. Does not recognize any one except her father. No urine passed during the day, and much against my patient's will, with the assistance of four women, I used the catheter, and drew off about thirty ounces of not unhealthy urine. Continued chloral and brom. and to each dose added about one-eighth grain morph. s., staying with my patient until three doses were given, watching the effect. At this time she ceased to talk so much, and would lie still a few minutes at a time. * * At 10 o'clock p. m., she slept, and continued to sleep most of the time till morning.

"Friday, March 7, 8 o'clock a. m. Found her at home, calm, and in her right mind, but extremely weak."

We must now return to 9 o'clock a. m., of Wednesday, March 5. If we recall the fact that for nearly four days the patient has been taking from 10 to 15 minims per day of fluid extract of belladonna, somewhere from 40 minims to one fluid drachm in all, and a considerable amount of tincture of aconite, we shall be able to find a very probable reason for the cause of the hallucinations, the fierce delirium, the great sweatings, and the suppression of urine. The view that this was a case of belladonna poisoning is strengthened by the fact that while potassic bromide and chloral were exhibited ineffectually for thirteen consecutive hours, complete relief was obtained by $\frac{3}{8}$ gr. morphia s., distributed over about four hours. In the morning, the same medicine having been continued during the night, the lady was "AT HOME," much to the delight, no doubt, of all.

I append a few notes from standard authors, which place in relief the symptoms of belladonna poisoning.

Von Boerck (Ziemssen's Cyclop., art. Atropia, p. 666), after relating the usual early symptoms, thus tersely states the phenomena when fully developed: "Giddiness, headache, slight stupor, confusion of mind, dejection; to these are added hallucinations of sight and hearing, various in character, often of a cheerful nature, * * * then follow in most cases difficulty in micturition," etc. Again, on page 669: "The first symptom is generally giddiness, swimings in the head, abnormal sensations, especially of sight and hearing; hallucinations are also very common, and delirium is superadded, so that the general condition may be characterized as one of mental aberration with delirium."

Pereira (Mat. Med., vol. ii., art. Belladonna, p. 472), enumerates among many other symptoms of poisoning in the second degree: "Visual illusions (phantasms), suffused eyes, occasionally disturbance of hearing (as singing in the ears), numbness of the face, confusion of the head, giddiness and delirium, which at times resembles intoxication." In the third degree he mentions "continual motion

of hands and fingers, gay delirium, with a vacant smile."

Dr. Wood (U. S. Dispensatory, xiii. edition, art. Belladonna, p. 170) enumerates as symptoms, "vertigo, and intoxication or delirium, with violent gestures, and sometimes fits of laughter." According to the same author, the dose of the powdered leaves is for adults one or two grains, repeated daily or twice a day, and gradually increased till the characteristic effects are experienced."

On the effects of belladonna on the human subject, I again quote from Boerck's article in Ziemssen's Cyclop.: "As a general rule belladonna and atropia are very powerful poisons, even in very small quantities. In a case given by J. Seaton, one single nightshade berry was sufficient to produce severe symptoms of poisoning in a young man." The same author says: "The German pharmacopoeia fixes as maximum doses of belladonna leaves, per dose grains 3; per diem grains 9." As to the liability of accumulation, we may get a hint from the same paper (p. 685): "When the dose of atropine has been large, its effects will survive those of moderate doses of opium or morphine."

It may be proper to state that one drop of fluid extract is believed to equal one grain of the leaves, and that the effects of opium often last for many hours.

E. T. BLACKWELL, M. D.

Cedarville, N. J., June 25, 1884.

Syrupus Acidi Hydriodici.

(Syrup of Iodide of Hydrogen.)

EDS. MED. AND SURG. REPORTER:—

During an experience of several years, I have thoroughly tested this preparation in acute inflammatory rheumatism, chronic bronchitis, and scrofula. In the first disease I prescribe for adults from two to three teaspoonfuls every two or three hours, in a wineglass of water, during the febrile stage, until relieved; this, in my experience has always occurred within forty-eight hours. I then reduce the dose to one teaspoonful, and continue for five or six days at longer intervals. I have never observed any heart complications under this treatment, the remedy preventing exudation and organization of plastic material.

In chronic bronchitis, its effects have been very gratifying, not only affording prompt relief to the cough, but also to the secondary symptoms of asthma, which is so apt to occur in these cases, I prescribe from one to two teaspoonfuls three times a day, in water.

In scrofula and other cases requiring the alterative action of iodine, a teaspoonful three times a day, in water, will be found to act much more satisfactorily than potassium iodide, as it agrees with the stomach, and does not disturb the appetite; if anything, it increases it, and instead of depleting the system seems to possess tonic properties.

It acts admirably in syphilis; in combination with biniodide of mercury, its use can be continued for a long time without any unpleasant effects.

I would also speak of the success and peculiar

fitness of this remedy in lead poisoning and paralysis resulting therefrom, as it is the true theoretical antidote to this condition, converting the lead in the system into its iodide, which, owing to its solubility, is readily eliminated through the various excretory channels.

The non-irritant character of this preparation, its prompt action, and its palatability, very strongly recommend it to favor.

The syrup I have used is that prepared by R. W. Gardner, of New York.

JAMES CRAIG, M. D.

Jersey City, N. J.

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, April 1 to June 30, 1884.

Bailhache, P. H., surgeon. Detailed as chairman of Board to examine candidate for appointment into the Revenue Marine Service, May 17, 1884.

Vasant, John, surgeon. To proceed to Empire City, Oregon, as inspector, April 2, 1884.

Hutton, W. H. H., surgeon. Granted leave of absence for twenty-five days, May 14 and June 9, 1884.

Miller, T. W., surgeon. Granted leave of absence to attend the meeting of the American Medical Association, May 1, 1884. To proceed to Pittsburgh, Pa.; Ashtabula, Ohio; Buffalo, N. Y., and Detroit, Mich., as inspector, May 10, 1884.

Wyman, Walter, surgeon. To proceed to Crisfield, Md., as inspector, April 11, 1884. Detailed to represent the Marine Hospital Service as delegate to the American Medical Association, April 17, 1884. Detailed as President of Board for Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service, May 20, 1884. To examine cadet graduates Revenue Marine Service as to physical qualifications, May 31, 1884. Detailed as member of Commission to inspect United States buildings at quarantine station on the Delaware river, June 16, 1884.

Austin, H. W., surgeon. Granted leave of absence to attend the meeting of the American Medical Association, May 2, 1884.

Gassaway, J. M., surgeon. When relieved by Passed Assistant Surgeon Mead, to proceed to Portland, Maine, and assume charge of the Service, April 16, 1884. Granted leave of absence for thirty days, May 28, 1884.

Stoner, G. W., passed assistant surgeon. When relieved by Surgeon Gassaway to proceed to Cairo, Ill., and assume charge of the Service, April 16, 1884. When relieved by Surgeon Gassaway, to report in person to the Surgeon General, June 20, 1884.

Irwin, Fairfax, passed assistant surgeon. Granted leave of absence for twenty-one days, June 19, 1884.

Mead, F. W., passed assistant surgeon. When relieved by Assistant Surgeon Devan, to proceed to Philadelphia, Pa., and assume charge of the Service, April 16, 1884. Detailed as recorder of

Board for Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service, May 20, 1884.

Carter, H. R., passed assistant surgeon. To inspect unserviceable property at the San Francisco Hospital, May 24, 1884.

Wheeler, W. A., passed assistant surgeon. To inspect unserviceable property at the Chicago Hospital, May 24, 1884.

Benson, J. A., passed assistant surgeon. Granted leave of absence for thirty days, April 14, 1884. When relieved by Passed Assistant Surgeon Stoner, to report to him for temporary duty, May 19, 1884.

Banks, C. E., passed assistant surgeon. Detailed as member of Board to Examine Physically Candidate for Appointment into the Revenue Marine Service, May 17, 1884. To inspect unserviceable property at Baltimore, Md.; New York, N. Y., and Boston, Mass., May 26 and June 2, 1884.

Bennett, P. H., assistant surgeon. Granted leave of absence for twenty days, June 28, 1884.

Devan, S. C., assistant surgeon. To proceed to Port Townsend, W. T., relieve Passed Assistant Surgeon Mead, and assume charge of the Service, April 14, 1884.

Urquhart, F. M., assistant surgeon. Granted leave of absence for thirty days, May 22, 1884.

Yemans, H. W., assistant surgeon. To report to Capt. M. A. Healey for duty as medical officer during cruise of revenue cutter "Corwin," April 16, 1884.

Glennan, A. H., assistant surgeon. To proceed to Mobile, Ala., for temporary duty during sickness of Passed Assistant Surgeon Goldsborough, June 17, 1884.

APPOINTMENT.

Brooks, Stephen D., M. D., of Massachusetts, having passed the examination required by the Regulations, was appointed an assistant surgeon by the Secretary of the Treasury, May 15, 1884. (Dr. Brooks had previously served as an acting assistant surgeon from March, 1883, to May, 1884.)

Report of the Meeting of the Adjunct Montgomery County (Pa.) Medical Society,

BY DR. J. B. CARRELL, HATBORO, PA.

The society met at the office of Dr. Carrell, and was called to order by the president, Dr. John Pason. The secretary being absent, Dr. O. C. Robinson was appointed secretary *pro tem*. After the usual routine business, Dr. Colman, Jr., read a selected article on anesthetics, from the *Columbus Medical Journal*, by Dr. Ikrit, of Ohio. Dr. Colman, Sr., read an article on the "Treatment of Unfavorable Symptoms Developed during Anesthesia," by Dr. Smith, of Baltimore. Dr. Carrell stated, in producing anesthesia he first used chloroform to quiet the patient, and after the stage of excitement was over employed ether. He had found it much more satisfactory to both patient and physician. The sickness of the stomach, which is almost always present, was by this method always avoided. He had never seen any unfavorable results from this method. Dr. Doughty said he had employed this method in a

great number of cases during the last few years, and was highly pleased with the results. Dr. Cooper said he used as an anæsthetic three parts of chloroform and four parts of ether, and had never seen any unfavorable results from the administration. The crowding of anæsthetics, as often seen in our college and hospital clinics, he denounced as unscientific and brutal. If a moderate allowance of atmospheric air was allowed the patient, the struggling, fighting and almost fatal syncope, which results from the crowding of the anæsthetic, would not be produced and exhibited to the world, and their students would be better instructed on this point than they now are.

The President heartily concurred in what Dr. Cooper said, and thought the instructors of the coming medical men should teach humanity, and not brutality.

Dr. Carrell related that he had seen Prof. Wm. Pancoast, at the Blockley Clinic several years ago, operate upon a little girl for strabismus without the use of anæsthesia. The little girl stood the pain heroically, and when he was through the girl broke down and sobbed bitterly. The kind-hearted professor took the child in his arms, and comforted her like a good father.

This little spontaneous act did more in a humane way than any one ever dreamed of. It showed the true greatness of the man. It would be well if we had more such surgeons.

While it is the surgeon's duty to not shrink from giving the patient pain if necessary, still it is brutal for him to give unnecessary pain.

An Unusual Accident.

An amusing story about a local doctor was told a short time since, for the accuracy of which a contemporary is responsible. A hurried ring at the door-bell after midnight brought the doctor quickly to the window, which he threw up to inquire the cause of the hasty appeal to his monitor, and leaning forward, he fell through the window on to the pavement beneath. The servant girl who had run with the message, on seeing the sudden appearance of the white-clad form, fled with fright, shrieking "A ghost! a ghost!" To make matters worse, an untoward addition to the scene was presented by the doctor's wife, who, finding that her husband had disappeared in this unexpected manner, and hearing the voice, hastened into the street to his help. The wind blew the door to as soon as she got through it, and, in a condition of anything but full dress, the anxious wife came to the rescue of the unfortunate husband, whose knee-cap had been broken by the fall.

The Illinois Dram-Shop Act.

The Dram-shop Act in Illinois requires any persons retailing liquors to file a bond for \$3,000 as security for obedience to the other provisions of the law; and a recent case in that State turned on the point whether druggists who had permits from city or village authorities to sell intoxicating liquors for medicinal, chemical, and sacramental purposes, were obliged to give such a bond. It was decided that they did not come within the intent of the law, and need not file a bond.

Recovery from a Cobra Bite.

It is not often that a person who has been bitten by a cobra lives to tell the tale. An Allahabad paper, however, gives such an instance. Very recently, it appears, while staying at Kangra, an officer of the 1st Goorkhas was bitten by a cobra in the hand. With great fortitude, Mr. R. seized his gun and blew off the finger which had been bitten; nevertheless, when medical assistance arrived, he was almost insensible, and it was only by keeping him walking about all night, and administering large doses of brandy and ammonia, that he was pulled through.

Discovery of an Ancient Crematory.

During the progress of some excavations in England recently, a crematorium, or cremation furnace, in a good state of preservation, was unearthed. Near the mouth was a large quantity of charcoal, and underneath a sarcophagus. Within the latter were found ten urns of various shapes and sizes, provided with saucer-shaped covers, and all containing ashes or partly-consumed bones. The discovery is one of great interest to antiquaries, and is remarkable from the fact of the crematorium being within the limits of the old Roman city, on a portion of the site of which London now stands.

School of Pharmacy for Women.

The School of Pharmacy for Women in Louisville, Ky., is the only school of the kind in this country. We understand that it is conservative in its tendencies and thorough in its course of instruction. At the recent commencement, held July 1, 1884, diplomas were conferred upon three women. Dr. D. W. Yandell delivered the address of the evening.

Items.

—One of the Astors has given the Cancer Hospital of New York two hundred thousand dollars.

—The Garfield Memorial Hospital, Washington, D. C., opened on June 18 for the reception of patients.

—The Health Exhibition in London is a decided success. Over 50,000 visitors are present on some days.

—Untold wealth awaits the patent medicine man that will invent an ointment that will cure the itch—for office.

—A druggist who has opened a new store in Oshkosh, advertises "Arnica, sticking-plaster, splints, bandages, and other base ball goods."

—There has been a marked decline in the number of medical students in Great Britain since 1881. In 1881, 2,171 were recorded, and in 1883, 1,783.

—On the recommendation of Dr. Woolsey Johnson, Yeng Tis Hing, a Chinaman, was recently registered as a practising physician at the Board of Health, New York city.

—The painful burns produced by nitric acid may, according to a writer in the *Chemical News*,

be successfully treated by a dilute solution of sulphurous acid applied instantaneously.

—"John," asked a doctor of the apothecary's boy, "did Mrs. Green get the medicine I ordered?" "I guess so," replied John, "for I saw craps on the door-knob this morning."

—What is called swamp fever has killed off 5,000 of the 15,000 negro laborers on the Panama Canal in the last three months. Some of the laborers are Italians, and they do not suffer nearly so much.

—The French method of administering castor oil to children is to pour the oil into a pan over a moderate fire, break an egg into it, and stir up; when it is done, flavor with a little salt or sugar, or currant jelly.

—In the *Glasgow Medical Journal*, June, 1884, Dr. J. S. Muir relates a curious instance of abnormal development of adventitious fingers and toes, as illustrating the influence of heredity in five consecutive generations.

—A Philadelphia man compels his daughter to eat onions every night for supper, and thus assures himself that he can shut the house at ten o'clock without locking in a strange young man.—*Burlington Free Press*.

—The so-called "serpent's eggs" of the toy-shops contain, says Dr. George Hay (*Medical Times*) from one to three-tenths of a grain of sulphocyanogen, quite enough to kill a child if he should happen to swallow it.

—An Italian hospital has been opened in London, and we learn from the *Gazzetta degli Ospitali* that persons from all nationalities will be admitted, as well as of all religions, and all shades of political opinion.

—Senator Edmunds was particularly cordial towards the members of the American Medical Association whom he met at Washington, "because," say the graceless gossips, "he owns the biggest tombstone quarry in Vermont."

—"Why, Cousin Charlie, what are you doing here? I suppose I must call you doctor now; and how are the patients, by the way?"

"I don't know how they are by the way. I know none of them ever get as far as my office."

—An Oshkosh girl made her lover a birthday present of a bottle of "Benson's Boil-Banisher." He wrote her thanking her for the gift, but at the same time observing that he thought she lacked those spirituelle traits of character essential to his happiness.

—The Illinois State Board of Health is now engaged in revising the Register of Physicians, preparatory to publication. Any changes or corrections should be promptly sent to the secretary. Lists of the Officers of the medical societies in the State are also requested.

—Ten years ago a penniless man, with a peculiarly-shaped head, made a bargain with a London professor of anatomy by which the latter was to have the head on payment of the man's funeral expenses. Meanwhile the man became wealthy, and when he died the other day his friends tried to avoid fulfilling the contract. But the professor insisted, and the matter is to be brought before

the law courts. Pending the decision, the defunct gentleman has been buried with his head on his shoulders.

—It is reported that Dr. Carter, Acting Principal of the Grant Medical College at Bombay, has found the cholera bacilli in the perfectly fresh dejecta of cholera patients. Dr. Weir, of Bombay, has found the same bacilli in the well water drunk by cholera patients.

—Our sanitary representatives abroad this summer will include Dr. Alfred L. Carroll, the Secretary of the Board of Health of the State of New York, and Dr. Woolsey Johnson, one of the Commissioners of the Health Department of the city of New York.

—The following testimonial of a certain patent medicine speaks for itself: "Dear Sir—Two months ago my wife could scarcely speak. She has taken two bottles of your 'Life Renewer,' and now she can't speak at all. Please send me two more bottles. I wouldn't be without it."

—In the *American Journal of Obstetrics* for May, Dr. Baer warns the profession against regarding metrorrhagia at or just after the change of life as one of the freaks of the menopause, since cancers are found most frequently at that age, and an early diagnosis is necessary for surgical interference.

—The Minister of Public Instruction at Berlin has resolved upon a foundation of a professorship of hygiene in the Berlin University; and to this there will be attached a Hygienic Institute, under the direction of Geheimrath Robert Koch. No such institute has been founded hitherto in any of the Prussian universities.

—Dr. Fordyce Barker is reported to have said that for two years he has directed his nurses never to give a vaginal injection, unless especially ordered, in the puerperal state. Experience has taught him that patients did better than when antiseptic vaginal injections were used in a routine manner.

—The late Samuel W. Swett, of Massachusetts, left in his will a bequest of \$50,000 for the Massachusetts General Hospital, to establish a convalescent department; \$10,000 to the Children's Hospital of Boston; \$10,000 to the New England Hospital for Women and Children; \$20,000 for the Medical Department of Harvard College.

—Prof. James Law has made an elaborate report upon the disease which appeared last winter and spring among the cattle in Kansas and Illinois. He concludes that the animals suffered from dry gangrene, the result of eating ergoted hay and corn. Prof. Law's report contains a valuable review of the subject of ergotism in cattle.

OBITUARY NOTICES.

ELLEN WIRT O'NEAL,

Daughter of the late Henry Wirt, of Hanover, and wife of Dr. J. W. C. O'Neal, died of consumption of the lungs, at the residence of her husband, in Gettysburg, July 10, 1884. Born March 20, 1825. Buried in Mt. Olivet Cemetery, Hanover, Pa.

No. 1.

RECU

Ophth

The
stood
tray i
upon
shall
tory
iritis.

The
sent
rather
a frequ
lieve
iritis.

impor
tain m

No
centa
those
cesses
tic in
obser
diseas
of vis
iritic
seem
ment

* Be